06/29/2006 09:57

Image# 26950202156

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

				Office Ode Offiy
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines	
Ш	American Hospital Association	on PAC		
Ш				
AD	DRESS (number and street)	325 Seventh Street, NW		
<b>A</b>		Suite 700		
	Check if different than previously reported. (ACC)	Washington		DC 20004 -
2.	FEC IDENTIFICATION NUM	IBER ♥ CIT	Y 🛕	STATE▲ ZIPCODE ▲
	C00106146	3. IS	THIS NEW (N) OF	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	Year Only)
	(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6	Sep 20 (M9)  Dec 20 (M1) (Non-Electior Year Only)
	April 15	Apr	20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
	Quarterly Report(Q	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R
	Quarterly Report(Q	2) <b>PRE</b> -Election Report for the:	Convention (12C)	Special (12G)
	Quarterly Report(Q	3)		
	X January 31 Quarterly Report(Y	E) Election	n on	in the State of
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	Post -Election	General (30G)	Runoff (30R) Special (30S
	Termination Report	Report for the:		in the
	(1-1.7)	Election	n on	State of
5.	Covering Period 1	23 2004	through 12	2 0 0 4
l ce	ertify that I have examined this	Report and to the best of my kno	wledge and belief it is true, corre	ect and complete.
Тур	e or Print Name of Treasurer	Ms. Melinda Hatton		
Sig	nature of Treasurer Ele <u>ctro</u>	nically Filed by Ms. Melinda H	atton	Date 0 6 2 9 2 0 0 6
NO	TE : Submission of false, erro	neous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C 437g.
	Office Use Only			FEC FORM 3X (Rev. 02/2003)
	,	<u> </u>		

### Image# 26950202157

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name American Hospital Association PAC D D " D 23 12 1.1 2004 3 1 2004 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 815395.81 <sup>°</sup>2004 January 1 (b) Cash on Hand at 301559.45 Begining of Reporting Period ..... 243195.55 1427030.11 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 544755.00 2242425.92 6(a) and 6(c) for Column B) ..... 14169.88 1711840.80 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 530585.12 530585.12 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м **1 1** 

From:

<sup>D</sup> 2 3

2004

то.

м м 1 2 <sup>D</sup> 3 1

2004

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	143210.28	539962.37
	(ii) Unitemized	71295.11	418730.47
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	214505.39	958692.84
(	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	5000.00	10000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	219505.39	968692.84
	Fransfers From Affiliated/Other Party Committees	21600.00	446524.04
13. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	1838.94	1838.94
t	o Federal candidates and Other Political Committees	0.00	7158.00
	Other Federal Receipts Dividends, Interest, etc.)	251.22	2816.29
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
(	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Fotal Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	243195.55	1427030.11
	Total Federal Receipts subtract Line 18(c) from Line 19)	243195.55	1427030.11

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	40.34	65757.09
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	40.34	65757.09
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
٥.	Contributions to Federal Candidates/Committees	12750.00	1507711 60
	and Other Political Committees	13750.00	1527711.69
	Independent Expenditure (use Schedule E)	0.00	117895.00
١.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
<b>S</b> .	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	379.54	379.54
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	070.54	070.54
	(add Lines 28(a), (b), and (c))	379.54	379.54
).	Other Disbursements	0.00	97.48
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds (c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14169.88	1711840.80
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	44400 00	1711010 00
	from Line 31)	14169.88	1711840.80

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	219505.39	968692.84
34. Total Contribution Refunds (from Line 28(d))	379.54	379.54
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	219125.85	968313.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40.34	65757.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	1838.94	1838.94
88. Net Operating Expenditures (subtract Line 37 from Line 36)	-1798.60	63918.15

S	CHEDULE A (FEC Form 3X)	Lico coporato cobodulo(c)		FOR LINE NUMBER: PAGE 6 / 181
			or each category of the	(check only one)
ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary 1 age	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the name	ments may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Matthew D. Williams			Date of Receipt
	Mailing Address 615 Elsinore Place	12 06 2004		
	City	State	Zip Code	Transaction ID: 10458173
	Cincinnati	OH	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Catholic Healthcare Partn- ers		n cacy and Government Rela Year-to-Date ▼	tions
	Primary General		250.00	
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) Ms. Susan Makos			Date of Receipt
	Mailing Address 615 Elsinore Place	12 06 YYYYY 12004		
	City	Transaction ID: 10458174		
	Cincinnati	ОН	45202-1459	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Catholic Healthéara Partn	Occupation		
	ers	Executive	e Vice President	
	Receipt For:	Aggregate	Year-to-Date	
	Primary General		250.00	1
	Other (specify) ▼		250.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael J. Rock			Date of Receipt
٥.	Mailing Address 325 Seventh Street, NW	M M / D D / Y Y Y Y		
	Suite 700			12 01 2004
	City	State	Zip Code	Transaction ID: 10474209
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	American Höspital Associa- tion-Washingt	Occupation Sr. Assoc	n ciate Director	
		Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	]
Г				
s	UBTOTAL of Receipts This Page (optional)		······	1000.00

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 7 / 181
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a   11b   13   14	11c 12 15 16 17
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	atements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt	
	Mailing Address 801 Pennsylvania Ave, #245			12 01	2004
	City	State	Zip Code	Transaction ID: 10	
	Washington	DC	20004-2615	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer American Hospital Associa-	Occupation Vice Pres	n sident, Federal Relations	7	
	tion-Washingt Receipt For:		e Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) Mr. Skip Kriz			Date of Receipt	
	Mailing Address 2095 Lakeview Drive			1 2 0 1	2004
	City	State	Zip Code	Transaction ID: 10	475997
	Eugene	OR	97408-7207	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer PeaceHealth	Occupation Chief Fin	n ancial Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00	]	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Gwen Dayton			Date of Receipt	
	Mailing Address 12781 SW Terraview Drive			12 01	2004
	City	State	Zip Code	Transaction ID: 10	475998
	Tigard	OR	97224-0703	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Oregon Association of Hos-	Occupation			
	pitals & Heal		sident & General Counsel		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
[s	UBTOTAL of Receipts This Page (optional)				1000.00
$\vdash$				-	

TOTAL This Period (last page this line number only) .....

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 8 / 181
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Kevin Earls			Date of Receipt
	Mailing Address 963 Parkway Drive NW			12 01 2004
	City	State	Zip Code	Transaction ID: 10476003
	Salem	OR	97304-3673	
		Un	97304-3673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer	Occupation	า	
	Oregon Association of Hospitals & Heal	Vice Pres	sident, Finance & Health Po	lic
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
ь	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Mr. Terry O Finklein	Date of Receipt		
	Mailing Address 33671 Rainbows End La	12 01 2004		
	City State Zip Code			Transaction ID: 10476005
	Warrenton	OR	97146-7243	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
		-		
	Name of Employer Columbia Memorial Hospital	Occupation		
	·	1	ecutive Officer	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	Other (specify)	0 0	1 1 1 1 1 1 1	1
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Jeffrey S Drop			Date of Receipt
	Mailing Address 1601 SE Court Avenue			M M / D D / Y Y Y Y
				12 01 2004
	City	State	Zip Code	Transaction ID: 10476006
	Pendleton	OR	97801-3297	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer St. Anthony Hospital	Occupation	1	
	St. Anthony Hospital	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify)		250.00	J
_				
				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number o	nly)		

COUEDING A (FEC Forms OV)				FOR LINE NUMBER: PAGE 9 / 181		
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
_						
or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Scott Peek			Date of Receipt		
	Mailing Address P O Box 639			1 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10476825		
	Danville	AR	72833-0639	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Chambers Memorial Hospital		ecutive Officer and Chief Fin	<u>а</u>		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00			
 R	Full Name (Last, First, Middle Initial) Mr. Barry Pipkin			Date of Receipt		
υ.	Mailing Address 21 Bridgeway Road	M M / D D / Y Y Y Y Y 1 1 2 0 1 2 0 0 4				
	City	State	Zip Code			
	North Little Rock	AR	•	Transaction ID: 10476826		
		An	72113-9516	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer BridgeWay	Occupation Chief Exe	n ecutive Officer and Managin	g D		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Wayne Girffith			Date of Receipt		
	Mailing Address 100 Medical Center Drive			12 01 2004		
	City	State	Zip Code	Transaction ID: 10478998		
	Hazard	KY	41701-9429	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer Regional Medical Center of Hopkins Cou Receipt For:	-	n ecutive Officer • Year-to-Date ▼			
	Primary General Other (specify) ▼	, iggrogate	300.00			
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	800.00		
1						

TOTAL This Period (last page this line number only) .....

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Christopher Hartley			Date of Receipt
	Mailing Address 114 woodland Street			1 2 0 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10492378
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Sr Vice F		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Christopher Dadlez			Date of Receipt
	Mailing Address 893 Farmington Avenue	12 01 2004		
	City	State	Zip Code	Transaction ID: 10492380
	West Hartford	CT	06119-1445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Elizabeth T. Beaudin, RN, MS, CN			Date of Receipt
	Mailing Address 69 Day Street			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10492382
	Granby	CT	06035-2901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Director,	n Nursing & Work Force Initia	t
	Receipt For:	1	e Year-to-Date ▼	7
	Primary General			1
_	Other (specify) ▼		349.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 in orioan Troophar 7 iooodianon 1770			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Richard A Brvenik, , FACHE			Date of Receipt
	Mailing Address 72 Chatham Drive			M M / D D / Y Y Y Y
				12 01 2004
	City	State	Zip Code	Transaction ID: 10492383
	Storrs Mansfield	CT	06268-2761	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Windham Community Memorial	Occupation		
	Hospital		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)	0 0	230.00	
	Full Name (Last, First, Middle Initial)			D. (D. )
⋨.	Ms. Patricia A. Evans			Date of Receipt
	Mailing Address 545 Park Road			12 01 2004
	City	State	Zip Code	
	•		·	Transaction ID: 10492384
	Middlebury	CT	06706-1238	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	n	7
	Saint Mary's Hospital	Governm	ent Relations & Grant Mana	g <b>e</b> r
	Receipt For:		e Year-to-Date ▼	<u> </u>
	Primary General	00 0		1
	Other (specify)		250.00	
				' [
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Brian Rogoz			Date of Receipt
	Mailing Address 81 Meriden Avenue			M M / D D / Y Y Y Y
	2.			12 01 2004
	City	State	Zip Code	Transaction ID: 10492385
	Southington	CT	06489-3297	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	 n	┪
	Name of Employer Bradley Memorial Hospital		sident Finance and Chief Fin	an
	and Health C Receipt For:		e Year-to-Date ▼	<del></del> [
	Primary General	55. 55410	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify)		250.00	
		-	0 0 0 0 0 0 0	'
0	UBTOTAL of Receipts This Page (optional)			750.00
_	obioiae or recorpts this rage (optional)		······	
т	OTAL This Period (last page this line number or	nlv)		
• '			······	

### S

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 12 / 181		
	•		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Ms. Linda Berger Spivack			Date of Receipt		
	Mailing Address 435 Lewis Avenue			12 01 2004		
	City	State	Zip Code	Transaction ID: 10492386		
	Meriden	CT	06451-2101	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer MidState Medical Center	Occupatio Vice Pres				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		274.00			
	Other (specify)	0 0	274.00			
В.	Full Name (Last, First, Middle Initial) Mr. John H Tobin			Date of Receipt		
	Mailing Address 64 Robbins Street			12 01 2004		
	City	State	Zip Code	Transaction ID: 10492387		
	Waterbury	<u>CT</u>	06708-2600	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer Waterbury Hospital	Occupatio		7		
			t and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	500.00			
	Cutici (opeony) •	0 0				
<u>С.</u>	Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner			Date of Receipt		
	Mailing Address P O Box 100			1 2 0 1 2 0 0 4		
	City	State	Zip Code	Transaction ID: 10492388		
	New Britain	CT	06050-0100	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer New Britain General Hospi-	n t and Chief Executive Officer				
	tal Receipt For:	_				
	Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify)		500.00			
				1		
				1070.00		
s	UBTOTAL of Receipts This Page (optional)		······	1250.00		

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David R Newton			Date of Receipt
	Mailing Address P O Box 100			1 2 0 1 2 0 0 4
	,	State	Zip Code	Transaction ID: 10492389
	New Britain	CT	06050-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	New Britain General Hospi-	ccupation	n ce President Finance and C	nie
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Marc H Lory			Date of Receipt
	Mailing Address 1350 Campus Parkway	12 01 7 2004		
	•	State	Zip Code	Transaction ID: 10492390
		NJ	7753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Meridian Health	ccupation	n erating Officer	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. J Kevin Kinsella			Date of Receipt
	Mailing Address P O Box 5037			1 2 0 1 2 0 0 4
	,	State	Zip Code	Transaction ID: 10492392
		CT	06102-5037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Hauttaud Haduktal	ccupation ce Pres		
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Н	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)  FOR LINE NU	
TEMIZED DECEIDTS  or each category of the	·
Detailed Summary Page	11b 11c 12
13	14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution	e of soliciting contributions ons from such committee.
NAME OF COMMITTEE (In Full)	
American Hospital Association PAC	
/ ramonoum risophia risossiansm ris	
Full Name (Last, First, Middle Initial)	
A. Mr. Robert Gerard Kiely  Date of Re	<u>'</u>
Mailing Address 14 Waterbury Avenue	01 2004
	on ID: 10492393
	Each Receipt this Period
FFC ID anywher of contribution	· · · · · · · · · · · · · · · · · · ·
FEC ID number of contributing federal political committee.	500.00
Name of Employer  Middlesex Hospital  Drogident and Chief Executive Officer	
President and Office Executive Officer	
Receipt For:  Primary  General  Aggregate Year-to-Date ▼	
Other (specify) ▼ 500.00	
Full Name (Last, First, Middle Initial)	
B. Mr. Gayle Capozzalo Date of Re	eceipt
Mailing Address 20 York Street	D D / Y Y Y Y
12	01 2004
— — — — — — — — — — — — — — — — —	on ID: 10492394
	Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
rederal political confinitiee.	
Name of Employer Yale-New Haven Hospital Occupation Yale-New Haven Hospital	
Executive vice President	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General 250.00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
C. Mr. Lawrence A. Bass  Date of Re	eceipt
Mailing Address 925 Glenhaven	D D / Y Y Y Y
12	01 2004
	on ID: 10492410
East Lansing MI 48823-3056 Amount of	Each Receipt this Period
FEC ID number of contributing federal political committee	250.00
federal political committee.	
Name of Employer Occupation	
Sparrow Health' System Trustee	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 250.00	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	1000.00
SOBTOTAL of Treceipts This Page (optional)	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
• • !	Limeld Health 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William G. Flynn			Date of Receipt
	Mailing Address 41 Shannon Way			12 01 7 2004
	City	State	Zip Code	Transaction ID: 10510930
	Lancaster	MA	01523-2952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation Executive	n e Vice President & COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Candice Saunders			Date of Receipt
	Mailing Address 3300 Gallows Road			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10512014
	Falls Church	VA	22042-3307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Inova Fairfax Hospital	Occupation Assistant	n t Vice President and Chief O	pe
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	' '	300.00	
	Citiei (Specify)	0 0	0 0 0 0 0 0 0	
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Elise Venusti			Date of Receipt
	Mailing Address 1511 Granch Church Ro	oad		12 01 2004
	City	State	Zip Code	Transaction ID: 10512020
	Silver Spring	MD	20910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Inova Alexandria Hospital	Occupation Administr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	300.00	
sı	JBTOTAL of Receipts This Page (optional)			850.00
т	OTAL This Period (last page this line number o	nlv)		

PAGE 16 / 181 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Mary Taylor Mailing Address 6558 Bermuda Green Court 12 2004 01 Zip Code City State Transaction ID: 10512021 Alexandria VA 22312-3102 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Inova Health System Occupation Senior Director Aggregate Year-to-Date ▼ Receipt For: General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Glenn Zirbser Date of Receipt Mailing Address 2310 14th Street N 01 2004 Apt 404 City State Zip Code Transaction ID: 10512033 Arlington V٨ 22201-5873 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Inova Health System Occupation Sr. Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Douglas P Cropper Date of Receipt Mailing Address 4032 Hunt Road 2004 12 0 1 City State Zip Code Transaction ID: 10512034 <u>Fa</u>irfax VA 22032-1458 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Inova Fairfax Hospital Occupation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) ......

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17 / 181
ITEMIZED RECEIPTS			or each category of the	(check only one)	🗖
••	LIMIZED RECENT 10		Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
۸۰	winformation against from such Departs and St	estamanta mai	, not be cold or used by any person		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from su	ch committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Burce A. Wearness			Date of Receipt	
	Mailing Address 10020 Park Royal Drive		7'- 0-1-	12 01	2004
	City	State	Zip Code	Transaction ID: 105	
	Great Falls	VA	22066-1847	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Inova Fair Oaks Hospital	Occupation Chairman			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Ms. Cheryl Ricciardi			Date of Receipt	
	Mailing Address 15218 Philip Lee Road			12 / 01	2004
	City	State	Zip Code	Transaction ID: 105	12038
	Chantilly	VA	20151-1309	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Inova Fair Oaks Hospital	Occupation	n Case Management	]	
	Receipt For:		Year-to-Date <b>V</b>	_	
	Primary General	/ tggrogato			
	Other (specify) ▼	0 0	600.00		
C.	Full Name (Last, First, Middle Initial) Ms. Susan A Erickson			Date of Receipt	
	Mailing Address 700 Suftside Avenue			M M / D D / 12 01	2004
	City	State	Zip Code	Transaction ID: 105	12044
	Virginia Beach	VA	23451	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Bon Secours-DePaul Medical Center	Occupation Executive	n e Vice President and Adminis	T tn	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		200.00		
	Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)		·····		900.00
$\vdash$			<del>`</del> _		
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 181
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara K Overton, , R.N.			Date of Receipt
	Mailing Address 500 Hospital Drive			12 01 2004
	City	State	Zip Code	Transaction ID: 10512045
	Warrenton	VA	20186-3099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Fauquier Hospital	Occupation Vice Pres	n sident Patient Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	000.00	
3.	Full Name (Last, First, Middle Initial) Mr. John L Fitzgerald			Date of Receipt
	Mailing Address 3600 Joseph Siewick Dr	12 01 2004		
	City	State	Zip Code	Transaction ID: 10513513
	Fairfax	VA	22033-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Inova Fair Oaks Hospital	Occupation Vice Pres	n sident and Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Gregory Burfitt			Date of Receipt
	Mailing Address 3685 Paces Ferry Road			12 01 7 9 9 9
	City	State	Zip Code	Transaction ID: 10513515
	Atlanta	GA	30327-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Inova Health System	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
т.	OTAL This Period (last page this line number of	nlv)		
•	- III I	··· , / ··············	······································	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 19 / 181			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
•••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b	$\vdash$		
Δ.	winformation conicd from such Departs and Ct	otomonto mo	, not be cold or upod by ony parag	13 14	15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fr	om such committee.		
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
	•						
	Full Name (Last, First, Middle Initial)						
Α.	Mr. Stephen Cumbie			Date of Receipt			
	Mailing Address 837 Mackall Drive				2004		
	City	State	Zip Code	Transaction ID:			
	McLean	VA	22101-1615		Receipt this Period		
	FEC ID number of contributing			7 6. 240	<del> </del>		
	federal political committee.	C		11	300.00		
	None of Family 19	10					
	Name of Employer Inova Health System	Occupation	& Trustee				
	Receipt For:		Year-to-Date ▼	-			
	Primary General	7.99.094.0					
	Other (specify) ▼	l	300.00				
	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address 142 South Main Street				2004		
	City	State	Zip Code	Transaction ID:			
	Danville	VA	24541-2922		Receipt this Period		
	FEC ID number of contributing			7 tillodilt of Edoli			
	federal political committee.	C			300.00		
		1					
	Name of Employer Danville Regional Medical	Occupation	ո t and Chief Executive Officer				
	Center Receipt For:		Year-to-Date ▼	_			
	Primary General	Aggregate	Teal to Date ¥				
	Other (specify) ▼		600.00				
	Full Name (Last, First, Middle Initial)						
C.	Ms. Shannon Sinclair			Date of Receipt			
	Mailing Address 100 West Braddock Ro	ad			2004		
	City	State	Zip Code	Transaction ID:			
	Alexandria	VA	22301-2146		Receipt this Period		
	FEC ID number of contributing			1 1 1			
	federal political committee.	C			300.00		
	Name of Employer	Occupation	2	_			
	Inova Health System		sident/General Counsel				
	Receipt For:		Year-to-Date ▼				
	Primary General	199.29					
	Other (specify) ▼	1	300.00				
_				<u> </u>			
s	UBTOTAL of Receipts This Page (optional)				900.00		
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>				

<b>C</b> /	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 181	
			Use separate schedule(s)	(check only one)	$\Box$
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Russell Seneca			Date of Receipt	
	Mailing Address 3300 Gallows Road			12 01 7 9 9 9	
	City	State	Zip Code	Transaction ID: 10513533	
	Falls Church	VA	22042-3307	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Inova Fairfax Hospital	Occupation	n n, Dept. Surgery		
	Receipt For:		Year-to-Date ▼	1	
	Primary General	00 0	1 1 1 1 1 1	1	
	Other (specify) ▼	0 0	300.00		
3.	Full Name (Last, First, Middle Initial) Mr. Christopher S. Bailey			Date of Receipt	
	Mailing Address 2814 Northlake Drive			12 01 2004	
	City	State	Zip Code	Transaction ID: 10515679	
	Richmond	VA	23233-3320	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Virginia Hospital & Healt-	Occupation			
	hcare Associa		ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
 C.	Full Name (Last, First, Middle Initial) Mr. Maureen Moyer			Date of Receipt	
	Mailing Address 310 32nd Street South			M M / D D / Y Y Y Y	
				12 01 2004	
	City	State	Zip Code	Transaction ID: 10515681	
	<u>Purcellville</u>	VA	20132-3222	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer Inova Health System	Occupation Director,	n Corporate Finance		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		200.00		
	Other (specify) ▼		300.00		
S	UBTOTAL of Receipts This Page (optional)			900.00	]
					7
T	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>		4

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)	7 D
•			Detailed Summary Page	X 11a 11b 13 14	11c   12 15   16   17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	n for the purpose of solid	citing contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			5. (5	
Α.	Mr. Adrian Stanton  Mailing Address 5013 Fleming Drive			Date of Receipt	/ <b>Y Y Y Y</b>
				1 2 0 1	
	City	State	Zip Code	Transaction ID: 1	0515690
	Annandale	VA	22003-4110	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer Inova Fairfax Hospital	Occupation Sr. Direct			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	300.00		
	Ctrief (Specify)				
В.	Full Name (Last, First, Middle Initial) Mr. Xavier Richardson			Date of Receipt	
	Mailing Address 1001 Sam Perry Boulev	ard		12 01	
	City	State	Zip Code	Transaction ID: 1	
	Fredericksburg	VA	22401-3354	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice President Corporate D	eγ	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	, ,	300.00		
	Cutici (opeciny) •	0 0			
_	Full Name (Last, First, Middle Initial)			Data of Descript	
C.	Mr. Rodney Huebbers  Mailing Address 17646 Stonegait Court			Date of Receipt	/ Y Y Y Y Y
				12 01	2004
	City	State	Zip Code	Transaction ID: 1	
	Round Hill	VA	20141-2264	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer Inova Loudoun Hospital		t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
	· · · · · · ·	0 0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)		·····		900.00
<b>-</b>	OTAL This Davied (lost wars this line worth are	nlu)			
1 1	OTAL This Period (last page this line number o	ıııy)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 181
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Ms. Doris Ferullo			Date of Receipt
Mailing Address 4 Willow Street		7.0.1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middleton	State MA	Zip Code 01949-2302	Transaction ID: 10515756  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01343 2302	250.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Vice Pres	n sident, Administration & Fina	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Mr. Edward Andersen			Date of Receipt
Mailing Address 100 East LeFevre Road			12 01 2004
City <u>Ste</u> rling	State II	Zip Code 61081-1279	Transaction ID: 10516463
FEC ID number of contributing		61081-1279	Amount of Each Receipt this Period
federal political committee.	C		187.50
Name of Employer CGH Medical Center	Occupation	<sup>n</sup> t and Chief Executive Officer	
Receipt For:		e Year-to-Date ▼	
Primary General	-	312.50	
Other (specify)	0 0	0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Angela			Date of Receipt
Mailing Address 1151 East Warrenville	Rd.		12 01 YYYYY 12 01 2004
City	State	Zip Code	Transaction ID: 10516464
Naperville	IL	60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Illinois Hospital Associa-	Occupation		
tion Receipt For:	Manager Aggregate	e Year-to-Date ▼	
Primary General		250.00	
☐ Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	562.50
TOTAL This Period (last page this line number of	only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 181	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and Si for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to	
$  \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
	Full Name (Last, First, Middle Initial)			
A.	Ms. Lindsey Artola			Date of Receipt
	Mailing Address 19065 Hickory Creek D	r, 300		12 01 2004
	O:h.	01-1-	7:- 0 - 4 -	
	City	State IL	Zip Code	Transaction ID: 10516465
	Mokena		60448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political committee.			
	Name of Employer Provena Health	Occupation		
			Director Community and Min	s <b>t</b> ry
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	-		
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 800 NE Glen Oak Aver	nue		M M / D D / Y Y Y Y
				12 01 2004
	City	State	Zip Code	Transaction ID: 10516466
	Peoria	<u>IL</u>	61603-3200	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer OSF Healthcare System	Occupation	1	7
	OSF Healthdare System	Chief Fin	ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Woodrow Turner, Jr.			Date of Receipt
٠.	Mailing Address 34876 Sunny Ridge Ro	nad		M M / D D / Y Y Y Y
	G4070 Cariny Fliage Fic	du		12 01 2004
	City	State	Zip Code	Transaction ID: 10516469
	Round Hill	VA	20141-2303	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	 1	┪
	Inova Loudoun Hospital		e Counsel	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify)		300.00	
				675.00
s	$\textbf{UBTOTAL} \ \ \text{of Receipts This Page (optional)} \ \dots$		······	675.00
T	OTAL This Period (last page this line number	only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	rnot be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Roger H Baker			Date of Receipt
	Mailing Address 6886 Wellhouse Drive			12 01 7 2004
	City	State	Zip Code	Transaction ID: 10516500
	Warrenton	VA	20187-9269	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Fauquier Hospital	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	300.00	7
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Stephen Bell			Date of Receipt
	Mailing Address 4612 Foxhall			12 01 2004
	City	State	Zip Code	Transaction ID: 10518201
	Springfield	<u>IL</u>	62707-6701	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		200.00
	Name of Employer St. John's Hospital	Occupation	n ecutive Officer	
	Name of Employer	Occupation Chief Exe		
	Name of Employer St. John's Hospital	Occupation Chief Exe	ecutive Officer	
	Name of Employer St. John's Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Chief Exe	ecutive Officer Year-to-Date	
	Name of Employer St. John's Hospital  Receipt For: Primary General	Occupation Chief Exe	ecutive Officer Year-to-Date	Date of Receipt
C.	Name of Employer St. John's Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Chief Exe	ecutive Officer Year-to-Date	
 C.	Name of Employer St. John's Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. B. Bradford Billings	Occupation Chief Exe	ecutive Officer Year-to-Date	Date of Receipt
 C.	Name of Employer St. John's Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.	Occupation Chief Exe	ecutive Officer Year-to-Date ▼ 500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City	Occupation Chief Exe Aggregate	ecutive Officer Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
C.	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City Quincy  FEC ID number of contributing	Occupation Chief Exe Aggregate  State IL C	Zip Code 62301-6380	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City Quincy  FEC ID number of contributing federal political committee.  Name of Employer Blessing Hospital  Receipt For:	Occupation Chief Exe Aggregate  State IL  C  Occupation Presiden	Zip Code 62301-6380	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City Quincy  FEC ID number of contributing federal political committee.  Name of Employer Blessing Hospital  Receipt For: Primary General	Occupation Chief Exe Aggregate  State IL  C  Occupation Presiden	Zip Code 62301-6380  T and Chief Executive Office Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City Quincy  FEC ID number of contributing federal political committee.  Name of Employer Blessing Hospital  Receipt For:	Occupation Chief Exe Aggregate  State IL  C  Occupation Presiden	Zip Code 62301-6380	Date of Receipt    M M M
	Name of Employer St. John's Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings  Mailing Address 2829 Cheswick Rd.  City Quincy  FEC ID number of contributing federal political committee.  Name of Employer Blessing Hospital  Receipt For: Primary General	State IL  Occupation President Aggregate	Zip Code 62301-6380  T and Chief Executive Office Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 181				
			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Summary Fage	13 14 15 16 17				
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
$\rangle$	American Hospital Association PAC							
/	'							
	Full Name (Last, First, Middle Initial)							
۹.	Mr. John Bomher			Date of Receipt				
	Mailing Address 1151 E. Warrenville Roa	ad		12 01 2004				
	011	01-1-	7'- 0-1-					
	City	State	Zip Code	Transaction ID: 10518203				
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.							
	Name of Employer Illinois Hospital Associa-	Occupation	า					
	Illinois Hospital Associa- tion	VP, Asso	ciate General Counsel					
	Receipt For:	1	Year-to-Date <b>V</b>					
	Primary General			1				
	Other (specify) ▼	1	500.00					
	Full Name (Last, First, Middle Initial)							
3.	Mr. Richard J Carlson			Date of Receipt				
	Mailing Address 628 Old Tippecanoe			M M / D D / Y Y Y Y				
	0"		7: 0 1	12 01 2004				
	City	State	Zip Code	Transaction ID: 10518205				
	Springfield	IL	62707-8226	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.	9						
	Name of Employer	Occupation	า	7				
	St. John's Hospital		Vice President and Admini	str				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>					
	Primary General			1				
	Other (specify) ▼	1	500.00					
	Full Name (Last, First, Middle Initial)							
Э.	Mr. Leo F Childers, , Jr., FAC			Date of Receipt				
	Mailing Address 605 North 12th Street			12 01 2004				
	Cit.	Ctoto	7in Codo					
	City	State II	Zip Code	Transaction ID: 10518207				
	Mount Vernon	IL	62864-2899	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		500.00				
	federal political committee.							
	Name of Employer Good Samaritan Regional	Occupation	1					
	Good Samaritan Regional Health Center	President						
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General	1 1	1000.00	1				
	Other (specify)		1000.00					
				1000.00				
s	SUBTOTAL of Receipts This Page (optional)							
	UBICIAL of Receipts This Page (optional)		······					
	UBITIAL of Receipts This Page (optional)							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
-			Detailed Summary Page	X   11a
Ar	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may	y not be sold or used by any perso	n for the purpose of soliciting contributions
Or	NAME OF COMMITTEE (In Full)	and add	aress of any political committee to	solicit contributions from such committee.
$\setminus$	American Hospital Association PAC			
_	7 inordan Floopital Accordation 17 Ac			
Δ	Full Name (Last, First, Middle Initial) Mr. Danny Chun			Date of Receipt
٠.	Mailing Address 303 North Oak Park Avenue			M M / D D / Y Y Y Y
				12 01 2004
	,	tate	Zip Code	Transaction ID: 10518208
		-	60302-2189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Occ Illinois Hospital Associa-	cupatio	n	7
	tion		sident, Communications	
	Receipt For: Agg	gregate	e Year-to-Date ▼	
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Robert T. Clarke			Date of Receipt
	Mailing Address 800 North Rutledge Street			1 2 0 1 2 0 0 4
	City Sta	tate	Zip Code	Transaction ID: 10518209
	Springfield IL	_	62781-0002	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	500.00
	federal political committee.			300.00
	Name of Employer Memorial Health System	cupatio	n	7
			t & Chief Executive Officer	
	Receipt For: Agg	gregate	e Year-to-Date ▼	
	Other (specify)		1120.00	
•	Full Name (Last, First, Middle Initial) Mr. Timothy W Cook			Date of Receipt
٠.	Mailing Address 120 North Oak			M M / D D / Y Y Y Y
				12 01 2004
	,	tate	Zip Code	Transaction ID: 10518210
	FFO ID worth and contribution		60521-3829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	La Grange Memorial Hospit-	cupatio		7
	al		ecutive Officer	_
	Receipt For: Agg	gregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	1250.00
	· · · · · · · · · · · · · · · · · · ·		•	
т	OTAL This Period (last nage this line number only)		<b>•</b>	

21	CHEDIII E A (EEC Form 3V)			FOR LINE NUMBER: PAGE 27 / 181
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Clifford L Corbett			Date of Receipt
	Mailing Address 150 West High Street			12 01 2004
	City	State	Zip Code	Transaction ID: 10518211
	Morris	IL	60450-1497	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Morris Hospital	Occupation	n t and Chief Executive Office	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Norman Deets	Date of Receipt		
	Mailing Address Rt. 1, Box 71	1 2 0 1 2 0 0 4		
	City	State	Zip Code	Transaction ID: 10518212
	Milledgeville	IL	61051-9801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer CGH Medical Center	Occupation	n	7
	CGH Medical Certier	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn			Date of Receipt
	Mailing Address 700 South Second Stree	et		12 01 2004
	City	State	Zip Code	Transaction ID: 10518213
	Springfield	<u> </u>	62704-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Illinois Hospital Associa-	Occupation		7
	tion		VP, Gov't Relations	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	
	Carlot (Specify)			1
s	UBTOTAL of Receipts This Page (optional)			875.00
T.	OTAL This Period (last page this line number of	nlv)		
• •	CIAL THIS I SHOW (last page this line humber of	··· <b>y</b> / ······	······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:   PAGE 28 / 181   (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jeffrey L Durham			Date of Receipt
	Mailing Address 28 Chick Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	•	State	Zip Code	Transaction ID: 10518214
	<u>Metropolis</u>	<u>L</u>	62960-2467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Maccae Memorial Hospital	ccupation	n ecutive Officer	
	Receipt For:  Primary  General  Other (specify) ▼	ggregate	Year-to-Date ▼ 500.00	
В.		Date of Receipt		
	Mailing Address 920 W. Oakview	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10518215
	<u>Peoria</u> I	<u>L</u>	61615-1320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			125.00
	Illinois Hospital Associa-	ccupation	n ecutive Officer	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Patrick Elwood			Date of Receipt
	Mailing Address 1628 W. Moss Avenue			1 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: 10518216
	<u>Peoria</u> I	<u>L</u>	61606-1641	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
	Illinois Hospital Associa	ccupation	n ecutive Officer	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			525.00
T.	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		l lea caparata cabadula(a)	FOR LINE NUMBER: PAGE 29 / 181
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. Anthony Filer			Date of Receipt
Mailing Address 19065 Hickory Creek			12 01 2004
City <u>Mokena</u>	State IL	Zip Code 60448	Transaction ID: 10518217  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Provena Health	Occupation Senior Vi	n ice President and Chief Fina	nd
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Mr. David S. Fox			Date of Receipt
Mailing Address 3815 HIghland Avenu	12 01 2004		
City	State	Zip Code	Transaction ID: 10518218
Downers Grove	IL	60515-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central DuPage Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Willis F Fry	-		Date of Receipt
Mailing Address 925 West Street			1 2 0 1 2 0 0 4
City	State	Zip Code	Transaction ID: 10518219
<u>Peru</u>	<u> </u>	61354-2799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Illinois Valley Community	Occupation		
Hospital Receipt For:	Administ	rator e Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate	252.50	
SUBTOTAL of Receipts This Page (optional) .	1		500.00
2			
TOTAL This Period (last page this line numbe	r only)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 181
	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St.	atomonte may	, not be sold or used by any perso	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
` '			
American Hospital Association PAC			
Full Name (Leat First Middle Initial)			
Full Name (Last, First, Middle Initial)  1. Dr. William Gorski, M.D.			Date of Receipt
· · · · · · · · · · · · · · · · · · ·			<b>⊣</b>
Mailing Address 1400 Charles Street			12 01 2004
City	State	Zip Code	
City		•	Transaction ID: 10518220
Rockford	<u>IL</u>	61104-2224	Amount of Each Receipt this Period
FEC ID number of contributing	С		125.00
federal political committee.			123.00
	1		_
Name of Employer SwedishAmerican Hospital	Occupation		
·	Manager		_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial)			
<b>3.</b> Dr. R.M. Gulley, MD	Date of Receipt		
Mailing Address 9836 Thousand Oaks C	M M / D D / Y Y Y Y		
	12 01 2004		
City	State	Transaction ID: 10518221	
Peoria	IL	61615-4311	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		125.00
Name of Employer	Occupation	n	
OSF Saint Francis Medical Center	Administ	rator	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify)		250.00	
			1
Full Name (Last, First, Middle Initial)			
Mr. James M Hayes			Date of Receipt
Mailing Address 200 Health Care Drive			M M / D D / Y Y Y Y
			12 01 2004
City	State	Zip Code	Transaction ID: 10518222
Greenville	IL	62246-1156	Amount of Each Receipt this Period
•			
FEC ID number of contributing federal political committee.	C		175.00
rederal political committee.			
Name of Employer Edward A. Utlaut Memorial	Occupation	n	
Edward A. Utlaut Memorial Hospital	Presiden	t and Chief Executive Officer	
Receipt For:		e Year-to-Date ▼	
Primary General	33 -3		1
Other (specify)		300.00	
	1 1	1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)			425.00
			-
TOTAL This Period (last page this line number of	only)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 181			
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12			
		Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)  A. Mr. Forrest G Hester			Date of Receipt			
Mailing Address Post Office Box 569			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 10518223			
Lincoln	IL	62656-0569	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		125.00			
Name of Employer Abraham Lincoln Memorial	Occupation		7			
Hospital Receipt For:		t and Chief Executive Officer e Year-to-Date ▼	·			
Primary General	Aggregate		1			
Other (specify) ▼		250.00				
Full Name (Last, First, Middle Initial)  Mr. John Hettenhausen			Date of Receipt			
Mailing Address 701 North First Street	12 01 2004					
City	State	Zip Code	Transaction ID: 10518224			
Springfield	<u>IL</u>	62781-0001	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		125.00			
Name of Employer Memorial Medical Center	Occupation					
Receipt For:		of Therapy Services e Year-to-Date ▼	-			
Primary General	riggrogate		1			
Other (specify) ▼	0 0	250.00				
Full Name (Last, First, Middle Initial)  C. Mr. Stephen R Hopper			Date of Receipt			
Mailing Address 525 East Grant Street			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y			
City	State	Zip Code	Transaction ID: 10518225			
Macomb	IL	61455-3318	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		125.00			
Name of Employer	Occupation	n				
Name of Employer McDonough District Hospit- al		t and Chief Executive Officer				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
SUBTOTAL of Descipts This Dags (antique)						
SUBTOTAL of Receipts This Page (optional)		·····	- 0,0.00			
TOTAL This Period (last page this line number of	only)	<b>)</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 32 / 181	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
HEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c	
				13 14	15 16 17	
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	n for the purpose of solic	iting contributions	
Or		name and add	dress of any political committee to	SOIICIT CONTRIBUTIONS FROM	Such committee.	
	NAME OF COMMITTEE (In Full)					
17	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. Mitchell Johnson			Date of Receipt		
	Mailing Address 19 Wildwood Road			M M / D D		
				12 01	2004	
	City	State	Zip Code	Transaction ID: 1	0518226	
	Springfield	IL	62704-4359	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing				125.00	
	federal political committee.	C			123.00	
	Name of Employer	Occupation	n			
	Name of Employer Memorial Health System		resident, Marketing & Planni	n		
	Receipt For:		Year-to-Date ▼			
	Primary General					
	Other (specify) ▼	1	250.00			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 800 NE Glen Oak Aven	12 01				
	City	State	Zip Code			
	· ·	IL	•	Transaction ID: 1		
	Peoria	IL	61603-3200	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			125.00	
	Name of Employer OSF Healthcare System	Occupation				
			Government Relations			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		200.00			
	Full Name (Last, First, Middle Initial)					
C.	Ms. Colleen Kannaday			Date of Receipt		
	Mailing Address 12935 South Gregory S	Street		M M / D D	/ <b>Y Y Y Y</b>	
				12 01	2004	
	City	State	Zip Code	Transaction ID: 1	0518228	
	Blue Island	IL	60406-2428	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing	C			500.00	
	federal political committee.				300.00	
	Name of Employer	Occupation	า			
	Saint Francis Hospital and Health Cent	President				
	Receipt For:		e Year-to-Date ▼			
	Primary General					
Other (specify) ▼ 1000.0						
				<u> </u>		
		-				
s	UBTOTAL of Receipts This Page (optional)		750.00			
T	OTAL This Period (last page this line number of					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 181
ITEMIZED RECEIPTS			or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. William E Kessler, , FACHE			Date of Receipt
	Mailing Address 1216 North Hanser Lan			12 01 7 2004
	City	State	Zip Code	Transaction ID: 10518229
	Godfrey	IL	62035-1840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Anthony's Health Ce- nter	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial)			Data of Daggint
Ь.	Mr. Jeffrey A. Kinniard  Mailing Address 231 Sauk Drive	Date of Receipt		
	City	12 01 2004		
	Batavia	State IL	Zip Code 60510-8660	Transaction ID: 10518230
		- IL	00310-0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion Receipt For:	_	t Vice President, Marketing e Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	7
	Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Sue Conley			Date of Receipt
	Mailing Address 1299 Bertha Howe Ave	nue		M M / D D / Y Y Y Y
	P.O. Box 3540			12 01 2004
	City Mesquite	State NV	Zip Code 89024	Transaction ID: 10518231
	•	INV	89024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mesa View Regional Hospit-	Occupation		
	al Receipt For:		ecutive Officer e Year-to-Date ▼	_
	Primary General	Aggregate	Flear-to-Date V	7
	Other (specify)		250.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)		······	1000.00
_	OTAL This Period (last page this line number o	only)		

ITEMIZED RECEIPTS  or each category of the Detailed Summary Page    X   11a   11b   11c   12   12   12   12   13   14   14   14   15   15   15   15   15	SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 181			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Dawn Ahner Mailing Address 3696 Boreman Drive City Reno NV State Reno NV Stote Reno NV Stote Reno NV Stote Receipt Transaction ID: 10518233 Amount of Each Receipt this Period  City Chicago City State Receipt Gournal of Each Receipt this Period  Transaction ID: 10518233 Amount of Each Receipt this Period  Transaction ID: 10518309 Amount of Each Receipt this Period  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518309  Transaction ID: 10518309  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518309  Transaction ID: 10518310  Transaction ID: 10518309  Transaction ID: 10518309  Transaction ID: 10518309  Transaction ID: 10518310  Transaction ID: 105183				or each category of the	(check only one)			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit confributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. Dearn Almer  Malling Address 3696 Boreman Drive  City  State  Zip Code  Reno  NV  89511-6010  FEC ID number of contributing federal political committee.  NV  89511-6010  FEC ID number of contributing federal political committee.  City  Primary  General  Other (specify) ▼  State  Zip Code  NV  Aggregate Year-to-Date ▼  Primary  City  State  Zip Code  Primary  Cocupation  Vice President  Receipt For:  Primary  General  Other (specify) ▼  Name of Engloyer  Naperville  Lity  FEC ID number of contributing federal political committee.  City  State  Zip Code  Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State  Zip Code  Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State  Zip Code  Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  Primary  General  Other (specify) ▼  State  Zip Code  Transaction ID: 10518310  Amount of Each Receipt this Period  Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  State  Zip Code  Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Zip Code  Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Zip Code  Transaction ID: 10518310  Amount of Each Receip				Detailed Summary Page				
Amount of Each Receipt Transaction ID: 10518233  Amount of Each Receipt Transaction ID: 105183309  All Indians (Last, First, Middle Initial)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  City State Zip Code NV 85511-6010  FEC: 1D number of contributing foderal political committee.  City State Zip Code NV 85511-6010  FEC: 1D number of contributing Cocupation Vice President Nover 155.000  FEC: 1D number of contributing Cocupation Vice President Nover 155.000  FEI Name (Last, First, Middle Initial)  Mr. James J. Kowalczyk Mailing Address 1151 E. Warrenville Rd.  City State Zip Code Transaction ID: 10518233  Amount of Each Receipt this Period  FEC ID number of contributing foderal political committee.  City State Zip Code Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing foderal political committee.  City State Zip Code Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing foderal political committee.  City State Zip Code Transaction ID: 10518309  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 10518310  City State Zip Code Transaction ID: 10518310  City State Zip Code Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  State Zip Code Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Transaction ID: 10518310  Amount of Each Receipt this Period  FEC ID num	An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Ame. Date of Receipt  Maling Address 3696 Boreman Drive  City State Zip Code NV 89511-6910  FEC ID number of contributing federal political committee.  C 250.00  FEC ID number of contributing federal political committee.  Receipt For: Primary General  Other (specify) ▼  City Name of Employer Name of Em	or i	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)		• • •						
A. M. Dawn Ahner  Mailing Address 3696 Boreman Drive  City State Zip Code Reno NV 89511-6010  FEC ID number of contributing federal political committee.  C Cupstion Vice President Primary General Other (specify) ▼ 250.00  FUI Name (Last, First, Middle Initial)  Name of Employer Washoo Health System  City State Zip Code Names J. Kowalcoyk Mailing Address 1151 E. Warrenville Rd.  City State Zip Code Name of Employer Washoo Health System  C Cupstion Vice President Vice Primary General Other (specify) ▼ 250.00  Date of Receipt  Transaction ID: 10518230  Amount of Each Receipt this Period  Primary General Other (specify) ▼ 250.00  Date of Receipt  Transaction ID: 105182310  Amount of Each Receipt this Period  Primary General Other (specify) ▼ 375.00  SubstortAL of Receipts This Page (optional)  SubstortAL of Receipts This Page (optional)	/	American Hospital Association PAC						
Mailing Address 3696 Boreman Drive   City   State   Zip Code   NV   89511-6010   Transaction ID: 10518233   Amount of Each Receipt this Period   Cocupation   Vice President   Receipt For:   Primary   General   Other (specify) ▼   Date of Receipt Transaction ID: 10518309   Amount of Each Receipt this Period   City   State   Zip Code   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt this Period   Transaction ID: 10518309   Amount of Each Receipt Transaction ID: 10518309					Date of Receipt			
Transaction ID: 10518233  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Washoe Health System  Washoe Health System  Receipt For:  Primary  Other (specify) ▼  State Zip Code  Name (Last, First, Middle Initial)  Mr. James J, Kowalczyk  Mailing Address 1151 E. Warrenville Rd.  City  State Zip Code  IL 60563-9339  FEC ID number of contributing federal political committee.  Primary  Other (specify) ▼  State Zip Code  IL 60563-9339  Amount of Each Receipt this Period  Transaction ID: 10518233  Amount of Each Receipt this Period  Transaction ID: 10518233  Amount of Each Receipt this Period  Transaction ID: 10518303  Amount of Each Receipt this Period  Transaction ID: 10518309  Amount of Each Receipt this Period  Transaction ID: 10518310  Amount of Each Receipt This Period  Transaction ID: 10518310  Amount of Each Receipt this Period  Transaction ID: 10518310  Amount of Each Receipt This Period  Transaction ID: 10518310  Amount of Each Receipt This Period  Transaction ID: 10518310  Transaction ID: 10518313  Amount of Each Receipt This Period  Transaction ID: 10518310  Transaction ID: 10518313  Amount of Each Receipt This Period  Transaction ID: 10518310  Transaction ID: 10518323  Transaction ID: 10518309  Transac		Mailing Address 3696 Boreman Drive			M M / D D / Y Y Y Y			
Reno		Citv	State	Zip Code				
Technical committee.    Name of Employer Washoe Health System   Vice President			NV	·				
Receipt For:			C		250.00			
Receipt For:    Primary   General   Aggregate Year-to-Date ▼		Name of Employer Washoe Health System						
Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) 3. Mr. James J. Kowalczyk Mailing Address 1151 E. Warrenville Rd.  City State Zip Code IIL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Primary General Other (specify) ▼ 250.00  City State Zip Code IIL 60625-3688  FEI IN Name of Employer Swedish Covenant Hospital  Receipt For: General Other (specify) ▼ 250.00  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code III 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code III 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code III 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code III 60625-3688  FEC ID number of contributing federal political normalities.  City State Zip Code III 60625-3688  FEC ID number of contributing federal political number of contributing federal political committee.  City State Zip Code III 60625-3688  FEC ID number of contributing federal number of contributing federal political committee.  City State Zip Code III 60625-3688  FEC ID number of contributing federal number of contributing federal number of contributing federal number of		Receipt For:			-			
Full Name (Last, First, Middle Initial)  3. Mr. James J. Kowalczyk  Malling Address 1151 E. Warrenville Rd.  City State Zip Code IIL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify) ▼ State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  Mr. Gary M Krugel  Mailing Address 5145 North California Avenue  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  City State Zip Code IIL 60625-3688  FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital Senior Vice President Operations and Coccupation Senior Vice President Operations Aggregate Vear-to-Date Vear-to-D			7.99.094.0		1			
Mr. James J. Kowalczyk  Mailing Address 1151 E. Warrenville Rd.  City State Zip Code Naperville IL 60563-9339  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Other (specify) ▼  City State Zip Code III 60563-9339  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code Other (specify) ▼  Date of Receipt  Transaction ID: 10518309  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID: 10518309  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 10518309  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 10518310  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: 10518310  Amount of Each Receipt this Period  Period Transaction ID: 10518310  Amount of Each Receipt this Period  Period Transaction ID: 10518310  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Substortal of Receipts This Page (optional)		Other (specify) ▼	0 0	250.00				
City   State   Zip Code   IL   60563-9339   Amount of Each Receipt this Period   State   Zip Code   IL   60563-9339   Amount of Each Receipt this Period   State   Zip Code   IL   Gode   G	_	,	Date of Receipt					
Naperville    IL 60563-9339		Mailing Address 1151 E. Warrenville Rd.						
FEC ID number of contributing federal political committee.    Name of Employer lillinois Hospital Association   Vice President		•	State	Zip Code	Transaction ID: 10518309			
Subtotal committee.   Cocupation   Cocupation   Vice President   Aggregate Year-to-Date ▼   Cocupation   Vice President   Aggregate Year-to-Date ▼   Cocupation   Vice President   Aggregate Year-to-Date ▼   Cocupation   Vice President   Cocupation   Vice President   Vice Pres		Naperville	IL	60563-9339	Amount of Each Receipt this Period			
Subtotal Association   Vice President			С		250.00			
Receipt For:			1					
Other (specify) ▼    Pull Name (Last, First, Middle Initial)			Aggregate	e Year-to-Date ▼	7			
Full Name (Last, First, Middle Initial)  Mr. Gary M Krugel  Mailing Address 5145 North California Avenue  City State Zip Code Chicago IL 60625-3688  FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital  Receipt For: Primary General Other (specify)  Capaciton Senior Vice President Operations and Capaciton Senior Vice President Operation Senior Vice				250.00				
Mailing Address 5145 North California Avenue  City State Zip Code Chicago IL 60625-3688  FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital  Receipt For: Primary General Other (specify) ▼  Subtotal of Receipts This Page (optional)  Date of Receipt  Transaction ID: 10518310  Amount of Each Receipt this Period  C 125.00  Aggregate Year-to-Date ▼  625.00		Other (specify)	0 0	250.00				
City State Zip Code Chicago IL 60625-3688  FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital Senior Vice President Operations and Capture Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  12 01 2004  Transaction ID: 10518310  Amount of Each Receipt this Period  Agoregate Year-to-Date ▼  625.00					Date of Receipt			
Chicago  FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital  Receipt For:  Primary General Other (specify) ▼  Substotal of Receipts This Page (optional)  Amount of Each Receipt this Period  125.00  Amount of Each Receipt this Period  125.00  Amount of Each Receipt this Period  125.00		Mailing Address 5145 North California Av	/enue					
FEC ID number of contributing federal political committee.  Name of Employer Swedish Covenant Hospital  Receipt For:  Primary General Other (specify) ▼  Subtotal of Receipts This Page (optional)  PEC ID number of contributing federal Tocal Indicate the political committee.  Occupation Senior Vice President Operations and Comparison of the primary Tocal Indicate the political committee.  Aggregate Year-to-Date ▼  Subtotal of Receipts This Page (optional)		•	State	Zip Code	Transaction ID: 10518310			
federal political committee.  Name of Employer Swedish Covenant Hospital  Receipt For:  Primary General Other (specify) ▼  Subtotal of Receipts This Page (optional)  Accupation Senior Vice President Operations and Capture Aggregate Year-to-Date ▼  375.00  Subtotal of Receipts This Page (optional)		Chicago	<u> </u>	60625-3688	Amount of Each Receipt this Period			
Receipt For:    Primary   General   375.00    SUBTOTAL of Receipts This Page (optional)   625.00			C		125.00			
Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date ▼  375.00		Name of Employer Swedish Covenant Hospital			T I ¢			
Other (specify)   SUBTOTAL of Receipts This Page (optional)   625.00		Receipt For:	1	· · · · · · · · · · · · · · · · · · ·	7			
SUBTOTAL of Receipts This Page (optional)				375.00				
SOBTOTAL of Receipts Trils Page (optional)		☐ Other (specify) ▼		373.00				
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	т	OTAL This Period (last page this line number or	nlv)					

SCHEDIII E A (EEC Form 3V)				FOR LINE NUMBER: PAGE 35 / 181
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St.	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. William B Leaver			Date of Receipt
	Mailing Address 2701 17th Street			12 01 2004
	C:h.	Ctata	7:- 0	
	City  Pack Island	State	Zip Code	Transaction ID: 10518311
	Rock Island	<u>IL</u>	61201-5351	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Trinity Medical Center-We- st	President	and Chief Executive Office	er
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			
	Other (specify) ▼		252.50	
				_
	Full Name (Last, First, Middle Initial)			
В.	Dr. Sohee Lee	Date of Receipt		
	Mailing Address 2015 W. Glen Avenue	12 01 2004		
	011			
	City	Transaction ID: 10518312		
	Peoria	<u> </u>	61614-4690	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer OSF Saint Francis Medical	Occupation	1	
	OSF Saint Francis Medical Center	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. James Leonard, , M.D.			Date of Receipt
	Mailing Address 1506 E. Golf Drive			1 2 0 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10518313
	Mahomet	IL	61853	110.1000111.
			01033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	reactal political committee.			
Carle Foundation Hospital Presi		Occupation		
			and Chief Executive Office	er
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	1		
		750.00		
Ls	UBTOTAL of Receipts This Page (optional)			730.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 181		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
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۸r	y information copied from such Reports and Statem	onte may	not be cold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
_				1		
۸.	Full Name (Last, First, Middle Initial) Mr. Brinsley B Lewis	Full Name (Last, First, Middle Initial) Mr. Brinsley B Lewis				
	Mailing Address 7617 Wakefield Drive	Date of Receipt				
				12 01 2004		
	City	State	Zip Code	Transaction ID: 10518314		
	<u>Darien</u>	<u>IL</u>	60561-4321	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		125.00		
	federal political committee.	<u> </u>				
	Name of Employer GlenOaks Hospital	ccupation	1	7		
			ecutive Officer			
		Aggregate	Year-to-Date ▼			
	Primary General	1	275.00			
	Other (specify) ▼	0 0				
	Full Name (Last, First, Middle Initial)			+		
3.	Mr. Ronald B McMullen			Date of Receipt		
	Mailing Address One Memorial Drive	M M / D D / Y Y Y Y				
	City	Ctata	7in Cada	12 01 2004		
	City Alton	State IL	Zip Code 62002-6722	Transaction ID: 10518316		
		IL.	02002-0722	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Alton Memorial Hospital	occupation President				
			Year-to-Date ▼	-		
	Primary General	nggregate	Teal-to-Date ▼			
	Other (specify) ▼		250.00			
`	Full Name (Last, First, Middle Initial)			Data of Danairt		
J.	Mr. Bruce Merrell  Mailing Address 400 North Pleasant Avenue			Date of Receipt		
	400 NOITH FIEdSant Avenue	<del>-</del>		12 01 2004		
	City	State	Zip Code	Transaction ID: 10518317		
	Centralia	IL	62801-3056	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.	<u> </u>				
	Name of Employer St. Mary's Hospital	7				
	St. Mary's Hospital	resident				
		Aggregate	Year-to-Date ▼			
	Primary General	1	750.00			
Other (specify) ▼						
	<b>L</b>					
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	500.00		
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 181 (check only one)
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Tim C Miller, , M.D.  Mailing Address 530 NE Glen Oak Avenu  City	State	Zip Code	Date of Receipt  1 2 0 1 2 0 0 4  Transaction ID: 10518318
	Peoria FEC ID number of contributing federal political committee.	C	61637-0001	Amount of Each Receipt this Period  175.00
	Name of Employer OSF Saint Francis Medical Center Receipt For: Primary General Other (specify)	l	Medical Affairs e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dennis C Millirons  Mailing Address 2000 C North Springview	v Drive		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 10518319
	Kankakee  FEC ID number of contributing federal political committee.	C	60901-2901	Amount of Each Receipt this Period 500.00
	Name of Employer Riverside Medical Center	Occupation Presiden	n t and Chief Executive Office	<u> </u>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
).	Full Name (Last, First, Middle Initial) Ms. Cindy Munch			Date of Receipt
	Mailing Address 10658 East 1700 North	Road		1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pontiac	State II	Zip Code 61764-3123	Transaction ID: 10518320  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01704 0120	125.00
	Name of Employer OSF Saint James - John W. Albrecht Med Receipt For: Primary General Other (specify)	1	n t Administrator, Patient Care e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 181	
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ry information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David A. Nelson			Date of Receipt
	Mailing Address 1522 North Ashaland Aver	nue		12 01 2004
	City	State	Zip Code	Transaction ID: 10518322
	River Forest	<u>IL</u>	60305-1034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	St. Francis Hospital & He-	Occupation	n ecutive Officer	
	<u>ailli Ceriler</u>		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael L. Nelson			Date of Receipt
	Mailing Address 1904 Montview			1 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10518323
	Godfrey	IL	62035-1615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Saint Anthony's Health Co-	Occupation		
	nter /	Administ		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Mark Newton			Date of Receipt
	Mailing Address 5145 North California			M M / D D / Y Y Y Y
	City	Ctoto	7in Codo	12 01 2004
	City Chicago	State II	Zip Code 60625-3661	Transaction ID: 10518324
	FEC ID number of contributing		00020-0001	Amount of Each Receipt this Period
	federal political committee.	C		125.00
	Highland Park Hospital	Occupation		
			ecutive Officer	-
Receipt For: Aggregat Primary General		Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
_				
т	OTAL This Period (last page this line number only	Λ	•	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Λ	violation assist from a colo December and Cha			13 14 15 16 17
or	y information copied from such Reports and Stator for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David T Ochs			Date of Receipt
	Mailing Address 2500 West Reynolds			12 01 2004
	City	State	Zip Code	Transaction ID: 10518325
	Pontiac	IL	61764-2194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OSF Saint James - John W. Albrecht Med	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1002.50	
	Other (specify) ▼	0 0	1002.30	
3.	Full Name (Last, First, Middle Initial) Mr. James Owens			Date of Receipt
	Mailing Address 5504 North Prospect Ro	ad		12 01 2004
	City	State	Zip Code	Transaction ID: 10518326
	Peoria Heights	IL	61616-4322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer OSF Saint Francis Medical	Occupation		
	Center		ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	500.00	
).	Full Name (Last, First, Middle Initial) Mr. Keith Allen Page			Date of Receipt
	Mailing Address 14 Brandonwood			12 01 2004
	City	State	Zip Code	Transaction ID: 10518327
	O Fallon	IL	62269-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Anderson Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	-	E00.00	1
	Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

<b>C</b> /	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 40 / 181
			Use separate schedule(s)	(check only one)	.37.13.
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
Δn	y information copied from such Reports and Sta	temente ma	y not he sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
/	American Hospital Association FAC				
_	Full Name (Last, First, Middle Initial)				
۹.	Mr. Paul Pawlak			Date of Receipt	
	Mailing Address 1200 Maple Road			M M / D D	/ <b>Y Y Y Y</b>
	1200 Maple Hoad			12 01	2004
	City	State	Zip Code	Transaction ID: 10	)518328
	Joliet	IL	60432-1439	Amount of Each Re	
				7 HITOURK OF EGOTI FRO	oolpt trilo i onod
	FEC ID number of contributing federal political committee.	C			125.00
	reactal political committee.				
	Name of Employer Silver Cross Hospital	Occupation	า		
	Silver Cross Hospital	Presiden	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
				4	
	Full Name (Last, First, Middle Initial)				
3.	Mr. William G Ries			Date of Receipt	
	Mailing Address 1410 N. Green Bay Roa	d		M M / D D	/ <b>Y                                   </b>
		12 01	2004		
	City	State	Zip Code	Transaction ID: 10	518329
	Lake Forest	IL	60045-1110	Amount of Each Re	
	FEC ID number of contributing			1 1 1	
	federal political committee.	C			250.00
	Name of Employer Lake Forest Hospital	Occupation			
	- Lake 1 Great Hoopital	Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		300.00		
_	Full Name (Last, First, Middle Initial)			Data of Data int	
٠.	Mr. James M. Sanger			Date of Receipt	
	Mailing Address 20 Clear Lake			12 01	2004
	City	State	Zip Code	Transaction ID: 10	
		II	•		
	Centralia	IL	62801-3720	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer	Occupation	1	┪	
	St. Mary's Hospital		t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼	$\dashv$	
	Primary General	7.99.094.0	Tour to Date V	1	
	Other (specify)		1000.00		
			1 1 1 1 1 1 1	1	
	<u>_</u>				
0	UBTOTAL of Receipts This Page (optional)				875.00
	ODITIAL OF RECEIPES THIS FAGE (OPHORAL)		······		
т.	OTAL This Period (last page this line number or	alv)			
- 1 '	UIAL THIS FEHOU (TAST PAGE THIS THE HUMBER OF	ш <b>у</b> )	<b>.</b>		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 41 / 181
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. David A Schertz			Date of Receipt
	Mailing Address 5666 East State Street			12 01 7 2004
	City	State	Zip Code	Transaction ID: 10518331
	Rockford	<u>IL</u>	61108-2472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OSF Saint Anthony Medical Center	Occupation Administ		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gerald Shaheen			Date of Receipt
	Mailing Address 119 E. Pawnee Court			12 01 7 9 9
	City	State	Zip Code	Transaction ID: 10518332
	<u>Peoria</u>	IL	61615-9700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OSF Saint Francis Medical Center	Occupation Chief Exe	n ecutive Officer	
	Name of Employer OSF Saint Francis Medical Center Receipt For:	Chief Exe		
	OSF Saint Francis Medical Center	Chief Exe	ecutive Officer	
	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Chief Exe	ecutive Officer Year-to-Date	Date of Receipt
C.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼	Chief Exe	ecutive Officer Year-to-Date	Date of Receipt  1 2 0 1 2 2 0 0 4
C.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer	Chief Exe	ecutive Officer Year-to-Date	1 2 0 1 2 0 0 4
 C.	OSF Saint Francis Medical Center Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer  Mailing Address Post Office Box 583	Chief Exe	ecutive Officer Year-to-Date ▼ 500.00	M M / D D / Y Y Y Y
C.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer  Mailing Address Post Office Box 583  City	Chief Exe Aggregate	ecutive Officer Year-to-Date ▼  500.00  Zip Code	1 2 0 1 2 0 0 4 Transaction ID: 10518333
 C.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer Mailing Address Post Office Box 583  City Litchfield  FEC ID number of contributing	State IL C	Zip Code 62056-0583	Transaction ID: 10518333  Amount of Each Receipt this Period  250.00
c.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer Mailing Address Post Office Box 583  City Litchfield  FEC ID number of contributing federal political committee.	State IL  Occupation Executive	Zip Code 62056-0583	Transaction ID: 10518333  Amount of Each Receipt this Period  250.00
C.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer Mailing Address Post Office Box 583  City Litchfield  FEC ID number of contributing federal political committee.  Name of Employer St. Francis Hospital  Receipt For: Primary General	State IL  Occupation Executive	Zip Code 62056-0583  Vice President and Administrator-Date	Transaction ID: 10518333  Amount of Each Receipt this Period  250.00
c.	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer Mailing Address Post Office Box 583  City Litchfield FEC ID number of contributing federal political committee.  Name of Employer St. Francis Hospital  Receipt For:	State IL  Occupation Executive	Zip Code 62056-0583	Transaction ID: 10518333  Amount of Each Receipt this Period  250.00
	OSF Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Anthony Pfitzer Mailing Address Post Office Box 583  City Litchfield  FEC ID number of contributing federal political committee.  Name of Employer St. Francis Hospital  Receipt For: Primary General	State IL  Occupation Executive Aggregate	Zip Code 62056-0583  Vice President and Administrator-Date  400.00	Transaction ID: 10518333  Amount of Each Receipt this Period  250.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and Staten	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			_
۹.	Full Name (Last, First, Middle Initial) Mr. Terry S. Solem			Date of Receipt
	Mailing Address 333 North Madison Street			12 01 2004
	City	State	Zip Code	Transaction ID: 10518336
	<u>Joliet</u>	<u>IL</u>	60435-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Provena St. Jošeph Medical	Occupation	n sident HR	
	<u>Centel</u>		Year-to-Date ▼	-
	Primary General	1999		
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dave Storm			Date of Receipt
	Mailing Address 503 North Maple Street			12 01 2004
	City	State	Zip Code	Transaction ID: 10518337
	<u>Effingham</u>	<u>IL</u>	62401-2099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	St Anthony's Memorial Ho-	Occupation		
	<u>spital</u>		Business Support	
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
Ĵ.	Mr. Gerard D Robilotti			Date of Receipt
	Mailing Address 24 Hospital Avenue			12 01 2004
	City	State	Zip Code	Transaction ID: 10518515
	Danbury	CT	06810-6099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Danhury Hodnifal	Occupation		
Executiv			e Vice President Year-to-Date ▼	$\dashv$
	Receipt For:  Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify) ▼		500.00	
_ s	UBTOTAL of Receipts This Page (optional)			750.00
	,		<u> </u>	
т	OTAL This Period (last nage this line number only)	1	<b>•</b>	

SCHEDULE A (FEC Form	3X)		FOR LINE NUMBER:	PAGE 43 / 181
		Use separate schedule(s) or each category of the	(check only one)	-
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			13 14	15 16 17
Any information copied from such Report or for commercial purposes, other than u	s and Statements may sing the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of solicito solicit contributions from s	ting contributions such committee.
NAME OF COMMITTEE (In Full)				
American Hospital Association	PAC			
Full Name (Last, First, Middle Initial)  Mrs. Joann Anderson			Date of Receipt	
Mailing Address Post Office Box			12 / 01	2004
City	State	Zip Code	Transaction ID: 10	
Pikeville	KY	41502-3535	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	C			500.00
Name of Employer Pikeville Medical Center	Occupation Chief Exe	n ecutive Officer		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	500.00		
Full Name (Last, First, Middle Initial)  3. Mr. John Burgett			Date of Receipt	
Mailing Address 1 Trillium Way				
City	State	Zip Code	Transaction ID: 10	519821
London	KY	40701-8420	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	C			150.00
Name of Employer Baptist Regional Medical Center	Occupation Team Le			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		300.00		
Full Name (Last, First, Middle Initial)  C. Mr. Rex A Tungate			Date of Receipt	
Mailing Address P O Box 1269			1 2 D D D D D D D D D D D D D D D D D D	2004
City	State	Zip Code	Transaction ID: 10	519825
Columbia	KY	42728-1269	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	C			500.00
Name of Employer Westlake Regional Hospital	Occupation Administ			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		500.00		
SUBTOTAL of Receipts This Page (opt	ional)			1150.00
		<u> </u>	_	
TOTAL This Period (last page this line	number only)		<b>—</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 44 / 181	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12 ☐
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of solic	iting contributions
OI		name and add	dress of any political committee to	SOIICIL CONTINUUTIONS TROM	Such committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. Todd C Linden			Date of Receipt	
	Mailing Address 210 Fourth Avenue			M M / D D	
				12 01	
	City	State	Zip Code	Transaction ID: 1	J519866
	Grinnell	IA	50112-1886	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.	0			
	Name of Employer Grinnell Regional Medical	Occupation	n		
	Grinnell Regional Medical Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence L Swearingen			Date of Receipt	
ъ.					/ V V V
	Mailing Address P O Box 7005			12 01	
	City	State	Zip Code	Transaction ID: 10	0519897
	Quincy	IL	62305-7005	Amount of Each Ro	
	FEC ID number of contributing				· · · · · ·
	federal political committee.	C			250.00
	Name of Employer	Occupation			
	Name of Employer Blessing Hospital		t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	199.19			
	Other (specify) ▼	l	500.00		
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Susan Urso			Date of Receipt	
	Mailing Address 1315 Memorial Drive			12 01	
	City	State	Zip Code	Transaction ID: 1	
	Mendota	IL	61342-1496	Amount of Each Ro	
	FEC ID number of contributing				<del> </del>
	federal political committee.	C			125.00
N (5 )		Occupation	2	_	
	Name of Employer Mendota Community Hospital	Administ			
			Year-to-Date ▼		
		199.19		1	
Other (specify)			250.00		
				' <b> </b>	
s	UBTOTAL of Receipts This Page (optional)		625.00		
	·		•		• • • • • • • • • • • • • • • • • • • •
T	OTAL This Period (last page this line number of				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Vautrain, , M.D.  Mailing Address 701 North First Street  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Memorial Health System  Receipt For: Primary General Other (specify)	State IL  C  Occupation Medical I  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 0 4  Transaction ID: 10519899  Amount of Each Receipt this Period  125.00
3.	Full Name (Last, First, Middle Initial) Mr. Daniel J Woods  Mailing Address 503 North Maple Street  City Effingham  FEC ID number of contributing federal political committee.  Name of Employer St. Anthony's Memorial Hospital Receipt For: Primary General Other (specify)		Zip Code 62401-2099  n e Vice President and Administration (a) Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 0 4  Transaction ID: 10519900  Amount of Each Receipt this Period  175.00
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Susan C Wozniak, , R.N. Mailing Address 530 NE Glen Oak Avenu  City Peoria  FEC ID number of contributing federal political committee.  Name of Employer OSF Saint Francis Medical Center Receipt For:  Primary General Other (specify)	State IL C Occupation Chief Op	Zip Code 61637-0001  n erating Officer e Year-to-Date ▼ 300.00	Date of Receipt    M M M
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	450.00
Т	OTAL This Period (last page this line number o	nlv)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 181
ITEMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Ms. Elaine L. Young			Date of Receipt
Mailing Address 2712 Keats Drive	Obsta	75.0.4	12 01 2004
City Springfield	State IL	Zip Code 62707-5618	Transaction ID: 10519902  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Memorial Medical Center	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.50	
Full Name (Last, First, Middle Initial)  3. Ms. Julie Ayers			Date of Receipt
Mailing Address 8538 Rockefeller Lane			12 01 2004
City	State OH	Zip Code	Transaction ID: 10519959
Sagamore Hills  FEC ID number of contributing		44067-1080	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Healthcare Liability Cons-	Occupation Principal		
ultants Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Andrew R McCulloch			Date of Receipt
Mailing Address 1343 North Fountain Bo	oulevard		1 2 0 1 2 0 0 4
City	State	Zip Code	Transaction ID: 10519961
Springfield	OH	45501-1380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Medical Center		t and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			625.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47/181
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Stateme	onto mov	not be sold or used by any parag	13 14 15 16 17
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
_				
۵.	Full Name (Last, First, Middle Initial) Mr. Douglas W McNeill, , FACHE			Date of Receipt
-	Mailing Address 437 Vincent Court			M M / D D / Y Y Y Y
				12 01 2004
	•	State	Zip Code	Transaction ID: 10519962
	<u>Middletown</u>	<u>HC</u>	45042-4906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	3		250.00
	federal political committee.			
	Middletown Degional Heeni	ccupation		7
	tal		and Chief Executive Officer	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Cutor (Speedily)			
	Full Name (Last, First, Middle Initial)			
3.	Ms. Marna P Borgstrom			Date of Receipt
	Mailing Address 458 Three Mile Course			1 2 3 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10520265
	-	CT	06437-2539	Amount of Each Receipt this Period
	EEC ID number of contribution			
	federal political committee.	3 .		500.00
	Name of Employer	ccupation		-
	Vale New Haven Health Sys-	resident		
	ton		Year-to-Date ▼	
	Primary General	1 1	500.00	
	Other (specify) ▼	0 0	500.00	
	Full Name (Last First Middle Initial)			
Э.	Full Name (Last, First, Middle Initial) Mr. John J. Brady, III			Date of Receipt
	Mailing Address 5 Lynnbrook Road			M M / D D / Y Y Y Y
	0111	21 - 1 -	7'- 01-	12 31 2004
	•	State CT	Zip Code	Transaction ID: 10520266
		<u> </u>	06611-3308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C  ,		250.00
	Connecticut Hospital Asso-	ccupation	ı ident, Business Developmer	+ 19
	olation		Year-to-Date ▼	
	Primary General	99.094.0		
	Other (specify) ▼		250.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)		·····	1000.00
т.	OTAL This Period (last nage this line number only)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 181
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	· information and form and December and O	1-1		13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler			Date of Receipt
	Mailing Address 31 Prospect Place			12 31 2004
	City	State	Zip Code	Transaction ID: 10520267
	Bristol	CT	06010-5045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Lucille A Janatka			Date of Receipt
	Mailing Address 435 Lewis Avenue			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10520268
	Meriden	CT	06451-2101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MidState Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Mr. James D. lacobellis			Date of Receipt
	Mailing Address 110 Barnes Road			12 31 2004
	City	State	Zip Code	Transaction ID: 10520269
	Wallingford	СТ	06492-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres	n sident, Government Relation	ns
ciation		Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	1
S	UBTOTAL of Receipts This Page (optional)		)	750.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cobadula(c)	FOR LINE NUMBER: PAGE 49 / 181
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial)  Mr. Daniel E Lohr			Date of Receipt
	Mailing Address 326 Washington Street			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10520271
	Norwich	СТ	06360-2733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer William W. Backus Hospita- I. The	Occupation Senior Vi	n ce President and Chief Fina	nd
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Kevin R Hannifan			Date of Receipt
ъ.	Mailing Address P O Box 5037			M M / D D / Y Y Y Y
				12 31 2004
	City	State	Zip Code	Transaction ID: 10520272
	Hartford	CT	06102-5037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	
	Hartford Hospital		e Vice President and Chief C	pe
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson			Date of Receipt
٠.	Mailing Address 61 Hickory Lane			M M / D D / Y Y Y Y
				12 31 2004
	City	State	Zip Code	Transaction ID: 10520273
	Madison	CT	06443-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Connecticut Hospital Association Receipt For:		Occupation		7
			t and Chief Executive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (apoonly) \	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$			•	
т	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAG	E 50 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Summary Page	13   14   15	16 N 17
Δn	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such cor	nmittee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	American Hospital Association 1 Ac				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Larry M Gold			Date of Receipt	
	Mailing Address 37 Tall Timbers			M M / D D / Y	YYY
				12 31	2004
	City	State	Zip Code	Transaction ID: 10520274	1
	Farmington	CT	06032-3179	Amount of Each Receipt this	
	FEC ID number of contributing				
	federal political committee.	C			500.00
	Name of Employer Connecticut 'Children's Me-	Occupation			
	dical Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
	Full Name (Last, First, Middle Initial)			1 5. (5	
5.	Mr. Vincent Capece			Date of Receipt	
	Mailing Address 28 Crescent Street			12 31	2004
	City State Zip Code				
	City Middletown	CT	'	Transaction ID: 10520275	
		UI .	06457-3650	Amount of Each Receipt this	3 Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Name of Employer	Occupation	า		
	Middlesex Hospital	Vice Pres	sident Finance and Treasure	r	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)				
j.	Ms. Mary Lyon			Date of Receipt	
	Mailing Address 12 Wildlife Drive			1 2 3 1	2004
	City	State	Zip Code		
	•	CT	•	Transaction ID: 10520276	
	Wallingford	UI	06492-5346	Amount of Each Receipt this	s Merioa
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer	Occupation	1		
	Connecticut Hospital Association	Vice Pres	sident		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼	L	250.00		
S	UBTOTAL of Receipts This Page (optional)				1000.00
	·		•	-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 51 / 181	
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c  12	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	15   16   17	
Δn	y information copied from such Reports and Sta	tomonte may	unot be sold or used by any perso			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	uch committee.	
_	NAME OF COMMITTEE (In Full)					
/	• • •					
/	American Hospital Association PAC					
_	E. H. N. L. and C. and R.					
Δ	Full Name (Last, First, Middle Initial) Mr. Thomas F. Murray			Date of Receipt		
٦.						
	Mailing Address 28 Crescent Street			12 31	2004	
	City	State	Zip Code			
	•		•	Transaction ID: 105		
	Middletown	CT	06457-3654	Amount of Each Reco	eipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.				200.00	
	Name of Familiary	0				
	Name of Employer Middlesex Hospital	Occupation				
		1	sident Human Resources	$\dashv$		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00			
	Other (specify) ▼		230.00			
	Full Name (Last, First, Middle Initial)					
<b>ರ</b> .	Mr. Stephen A. Frayne			Date of Receipt		
	Mailing Address 411 Old Sherman Hill R	oad		M M / D D	YYYY	
		12 31	2004			
	City	State	Zip Code	Transaction ID: 105	20278	
	Woodbury	CT	06798-4003	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing				250.00	
	federal political committee.	C			250.00	
				_		
	Name of Employer Connecticut Hospital Asso-	Occupation				
	ciation		sident, Finance			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		230.00			
_	Full Name (Last, First, Middle Initial)			5		
j.	Mr. Robert J Trefry			Date of Receipt		
	Mailing Address 190 Chatham Rd.			1 2 3 1	2004	
	City	State	Zip Code	Transaction ID: 105	20279	
	<u>Fairfield</u>	CT	06825-1402	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing	С		' ' '	250.00	
	federal political committee.	<u> </u>			250.00	
	Name of Employer	Ossunation		_		
	Name of Employer Bridgeport Hospital	Occupation		.		
		1	t and Chief Executive Officer	_		
	Receipt For:	Aggregate	e Year-to-Date ▼	. [		
	Primary General		250.00			
	Other (specify)		200.00			
					750.00	
SI	JBTOTAL of Receipts This Page (optional)				750.00	
				-		
T	OTAL This Period (last page this line number or	nly)				

21	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER:	PAGE 52 / 181
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	027.101
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c
			Detailed Summary Page	13 14	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Δn	y information copied from such Reports and Sta	tomonte may	, not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
_	NAME OF COMMITTEE (In Full)				
/	• • •				
/	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)				
Δ	Full Name (Last, First, Middle Initial) Ms. Ann G. Taylor			Date of Receipt	
٦.	<u> </u>				
	Mailing Address 7 Clover Lane			12 31	2004
	City	State	Zip Code		
	•		•	Transaction ID: 1	
	Weatogue	CT	06089-9400	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Familiary	0		_	
	Name of Employer Connecticut Children's Me-	Occupation			
	dical Center		Government Relations		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0	230.00		
	Full Name (Last, First, Middle Initial)				
3.	Mr. Peter J. Karl			Date of Receipt	
	Mailing Address 93 Cos Cob Avenue			M M / D D	
				12 31	
	City	State	Zip Code	Transaction ID: 1	0520281
	Cos Cob	CT	06807-2125	Amount of Each R	eceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			230.00
	Name of Employer Eastern Connecticut Health	Occupation			
	Network	Interim P			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		230.00		
_	Full Name (Last, First, Middle Initial)				
J.	Mr. Gerald Boisvert			Date of Receipt	
	Mailing Address 282 Washington Street			12 31	
		Otete	7:- Onda		
	City	State	Zip Code	Transaction ID: 1	
	<u>Hartford</u>	CT	06106-3322	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	<u> </u>		
	Connecticut Hospital Asso-		sident & CFO		
	ciation				
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General		250.00		
	Other (specify) ▼		200.00		
					750.00
SI	JBTOTAL of Receipts This Page (optional)				1 30.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 53 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
Δn	y information copied from such Reports and Sta	tements may	not be sold or used by any perso		<del> </del>
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	7 inchean Floophai 7 loocolation 17 lo				
	Full Name (Last, First, Middle Initial)				
٩.	Ms. Carolyn C. Brady			Date of Receipt	
	Mailing Address 5 Lynnbrook Road			M M / D D	/ <b>Y                                   </b>
				12 31	2004
	City	State	Zip Code	Transaction ID: 10	520283
	Trumbull	CT	06611-3308	Amount of Each Red	ceipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	·				
	Name of Employer Connecticut Hospital Asso-	Occupation			
	ciation	1	sident, Patient Care & Reg.	_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		250.00		
,	Full Name (Last, First, Middle Initial)			Date of Decelot	
٥.	Mr. David A Whitehead			Date of Receipt	
	Mailing Address 326 Washington Street	12 31	2004		
	City	State	Zip Code		
	Norwich	CT	06360-2733	Transaction ID: 10	
		UI .	06360-2733	Amount of Each Red	celpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer	Occupation	1		
	William W. Backus Hospita- I, The	Vice Pres	sident Planning		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General	1 1	050.00	1	
	Other (specify)		250.00		
`	Full Name (Last, First, Middle Initial)			5	
j.	Mr. Kevin G Murphy			Date of Receipt	
	Mailing Address 71 Haynes Street			12 31	2004
	City	State	Zip Code		
	•	CT	·	Transaction ID: 10	
	Manchester	U1	6040	Amount of Each Red	ceipi this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Name of Employer Eastern Connecticut Health	Occupation	1	7	
	Eastern Connecticut Health Network	Senior Vi	ce President Finance and Cl	nie	
	Receipt For:		Year-to-Date ▼		
	Primary General	-	1 1 1 1 1 1 1 1 1	1	
	Other (specify) ▼		250.00		
SI	JBTOTAL of Receipts This Page (optional)		<b>)</b>		750.00
	· · · · · · · · · · · · · · · · · · ·		•	-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 181
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and Sta	atements may	└────────────────────────────────────	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas P Pipicelli			Date of Receipt
Λ.	Mailing Address 214 Atkins Street			M M / D D / Y Y Y Y
				12 31 2004
	City	State	Zip Code	Transaction ID: 10520286
	Meriden	CT	06450-3404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The William W. Backus Hos- pital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify) ▼	0 0	230.00	
В.				Date of Receipt
	Mailing Address 19 Carter Lane			12 31 7 2004
	City	State Zip Code		
	Glastonbury	CT	06033-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Windham Community Memorial	Occupation	n	7
	Hospital		rator Director Human Resou	rces
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Patrick Charmel			Date of Receipt
Ο.	Mailing Address 130 Division Street			M M / D D / Y Y Y Y
				12 31 2004
	City	State	Zip Code	Transaction ID: 10520288
	Derby	CT	06418-1326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Griffin Hospital	Occupation President	n t and Chief Executive Officer	
		e Year-to-Date ▼	1	
	Primary General	1 1	250.00	
	Other (specify) 🔻	0 0	230.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
$\vdash$	,		•	
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	

0	CHEDIII E A /EEC Form 2V)	[		FOR LINE NUMBER: PAGE 55 / 181
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia			Date of Receipt
	Mailing Address P O Box 100			12 31 2004
	City	State	Zip Code	Transaction ID: 10520290
	Southington	CT	06050-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Britain General Hospital Receipt For: Primary General Other (specify) ▼		n ce President and Chief Ope Year-to-Date ▼ 250.00	rat
_	Full Name (Last, First, Middle Initial)	0 0		
В.	Mr. Patrick J. Monahan, II			Date of Receipt
	Mailing Address 2 O'Neil Lane	12 31 2004		
	City	State	Zip Code	Transaction ID: 10520292
	Branford	CT	06405-3300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation VP & Ger	n neral Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. William T Christopher			Date of Receipt
	Mailing Address 365 Montauk Avenue			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10520293
	New London	CT	06320-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lawrence & Memorial Hospi- tal		and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

## S

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 181
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank J. Kelly			Date of Receipt
	Mailing Address 24 Hospital Avenue			12 31 2004
	City	State	Zip Code	Transaction ID: 10520294
	Danbury	CT	06810-6099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Danbury Hospital	Occupation Presiden	n t and Chief Executive Officer	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ann Errichetti, , M.D.			Date of Receipt
	Mailing Address 16 Orchard Circle			1 2 3 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10520336
	Northborough	MA	01532-1305	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Advocate South Suburban	Occupation President		
	Hospital Receipt For:		-	_
	Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John G O'Brien			Date of Receipt
	Mailing Address 119 Belmont Street			1 2 3 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10520339
	Worcester	MA	01605-2982	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer UMass Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	l	Year-to-Date ▼	_
	Primary General	33 -9-10		1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 181 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso tress of any political committee to	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	ario ario ao	areas of any political committee to	Solidit Contributions from Sacri Committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Sumner B. Tilton, Jr. Mailing Address 370 Main Street  City Worcester  FEC ID number of contributing federal political committee.  Name of Employer UMass Memorial Health Care, Inc.  Receipt For: Primary General Other (specify)		Zip Code 01608-1723 on pard of Trustees e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick Mailing Address 73 North Avenue  City Mendon  FEC ID number of contributing federal political committee.  Name of Employer	State MA C	Zip Code 01756-1015	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Massachusetts Hospital Association  Receipt For:  Primary General  Other (specify) ▼	VP, Fina Aggregate	nce e Year-to-Date ▼ 255.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. Robert E. Gibbons Mailing Address 28 State Street, 28th FL  City State Zip Code			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Boston  FEC ID number of contributing federal political committee.	C	02109-1775	Amount of Each Receipt this Period 210.00
	Name of Employer Massachusetts Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		n sident, Government Advocac e Year-to-Date ▼ 500.00	ey
s	UBTOTAL of Receipts This Page (optional)			560.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUM		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	'
TI LIVIIZED NECEIF 13			Detailed Summary Page	<del>         </del>	11b 11c 12
					4 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of	of soliciting contributions		
01		name and add	diess of any political committee to	Solicit Continuations	s nom sach committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. Robert G Norton			Date of Rece	eipt
	Mailing Address 81 Highland Avenue				D D / Y Y Y Y
				1 2	31 2004
	City	State	Zip Code	Transaction	ID: 10520345
	Salem	MA	01970-2768	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				300.00
	Name of Employer	Occupation	า		
	Name of Employer Salem Hospital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-			
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)			5. (5	
В.				Date of Rece	·
	Mailing Address 725 North Street			1 2	31 2004
	City	State	Zip Code		
	Pittsfield	MA	01201-4124	Transaction ID: 10520346  Amount of Each Receipt this Period	
			01201 4124	Amount of La	acii neceipi illis reliou
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Berkshire Medical Center	Occupation			
		<u> </u>	erating Officer		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	.	
	Other (specify)		500.00		
	Cirici (Specify)	1 1	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)			+	
C.	Mr. Timothy F. Gens			Date of Rece	eipt
	Mailing Address 5 New England Executi	ve Park			D D / Y Y Y Y
	0::		7' 0 1	12	31 2004
	City	State	Zip Code		ID: 10520347
	Burlington	MA	01803-5010	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing				100.00
Massachusetts Hospital Association Receipt For:		C			
		Occupation			
			President, Legal		
		Aggregate	e Year-to-Date ▼		
Primary General			265.00		
	Other (specify)		200.00		
_	LIDTOTAL of Descints This Descriptor Descriptor				1100.00
L	UBTOTAL of Receipts This Page (optional)		······		
_	OTAL This Paried (last page this line number of	naly)			
1 1	OTAL This Period (last page this line number of	лп <b>у</b> )	·············		

SO	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 59 / 181
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Peter B. Davis			Date of Receipt
	Mailing Address 33 Freeport Drive			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10520348
	Burlington	MA	01803-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Ms. Ellen Zane			Date of Receipt
	Mailing Address 750 Washington Street	12 31 2004		
	City	State	Zip Code	Transaction ID: 10520349
	Boston	MA	02111-1845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts-New England Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Christine Shirtcliff			Date of Receipt
	Mailing Address 85 South Street			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10520350
	Ware	MA	01082-1697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Mary Lane Hospital	Occupation Executive	n e Vice President	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		050.00	
	Other (specify)		250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 60 / 181
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael W. Metzler			Date of Receipt
	Mailing Address 795 Middle Street			12 31 2004
	City	State	Zip Code	Transaction ID: 10520351
	Fall River	MA	02721-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Saint Anne's Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Peter J Holden			Date of Receipt
	Mailing Address 70 East Street			12 31 2004
	City	State	Zip Code	Transaction ID: 10520352
	Methuen	MA	01844-4597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Caritas Holy Family Hospi-	Occupation		
	tal and Medic		t and Chief Executive Office	<u>r</u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Joyce A Murphy			Date of Receipt
	Mailing Address 2100 Dorchester Avenue			12 31 2004
	City	State	Zip Code	Transaction ID: 10520353
	Dorchester	MA	02124-5666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Caritas Carney Hospital	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	750.00
۱,	OTAL This Period (last page this line number of	only)	1	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 181
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persections of any persections of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Elaine Shepard Ullian			Date of Receipt
	Mailing Address One Boston Medical Ctr	r. Place		12 31 2004
	City	State	Zip Code	Transaction ID: 10520354
	Boston	MA	02118-2999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boston Medical Center	Occupation President		7
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark J Howard			Date of Receipt
	Mailing Address 3100 North Tenaya Way	у		M M / D D / Y Y Y Y
	O'th.			12 30 2004
	City Las Vegas	State NV	Zip Code 89128-0436	Transaction ID: 10523306
	•	INV	09120-0430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MountainView Hospital	Occupation		
	· · · · · · · · · · · · · · · · · · ·		and Chief Executive Office	<u>r  </u>
	Receipt For:    Primary   General	Aggregate	Year-to-Date ▼	,
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Mr. James I Miller			Date of Receipt
٥.	Mailing Address 3617 Willowdale Drive			M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10523307
	Sparks	NV	89434-1785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Washoe Medical Center	Occupation President	n tand Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	1
s	UBTOTAL of Receipts This Page (optional)			1250.00
Ţ,	OTAL This Povind (lost nose this line number :	nlu)		
1 1	OTAL This Period (last page this line number o	111 <b>y</b> /		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 181
ITEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TIEGEII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta	atements may	y not he sold or used by any perso	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
/			
Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bill M. Welch			Date of Receipt
Mailing Address 3352 Corey Drive			M M / D D / Y Y Y Y
Maining riddioco 3552 Gorey Drive			12 30 2004
City	State	Zip Code	Transaction ID: 10523309
Reno	NV	89509-3931	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			300.00
Name of Employer	Occupation	1	7
Nevada Hospitál Associati- on	President	and Chief Executive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		1000.00	
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial)			
B. Mr. Rod A Davis			Date of Receipt
Mailing Address 102 Lake Mead Drive			M M / D D / Y Y Y Y
			12 30 2004
City	State	Zip Code	Transaction ID: 10523310
Henderson	NV	89015-5524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
rederal political committee.			
Name of Employer St. Rose Dominican Hospit-	Occupation		
<u>al</u>		and Chief Executive Officer	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	500.00	
(cpsss)/ <b>\</b>	1		
Full Name (Last, First, Middle Initial)			
C. Mr. Lacy L Thomas, , CPA			Date of Receipt
Mailing Address 1800 West Charleston	Blvd.		12 30 2004
City	State	Zip Code	Transaction ID: 10523312
Las Vegas	NV	89102-2386	Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C		300.00
Name of Employer University Medical Center	Occupation	1	┪
University Medical Center		ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		500.00	
Other (specify)		300.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
SOBIOTAL OF Necepts This Page (optional)		······	
TOTAL This Period (last page this line number of	nnly)	•	

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 63 / 181
	CHEDULE A (FEC Form 3X)	ose separate seriedaie(s)		(check only one)
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ	ny information copied from such Reports and St	atomonte ma	, not be cold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ac			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Alan Olive			Date of Receipt
	Mailing Address 10101 Double R Blvd.			M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10523314
	Reno	NV	89521-5931	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		350.00
	Name of Employer Washoe Medical Center	Occupation		
		Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	7
	U Other (specify) ▼	0 0	330.00	J
_	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Mr. Chris Bosse			Date of Receipt
	Mailing Address 77 pringle Way			12 30 2004
	City	State	Zip Code	
	•	NV	•	Transaction ID: 10523315
	Reno	INV	89502-1474	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Washoe Health System	Occupation	n	
	Washoe Health System	Vice Pres	sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		250.00	
				-
	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 901 Adams Blvd.			M M / D D / Y Y Y Y
	0.11		7: 0 1	12 30 2004
	City	State	Zip Code	Transaction ID: 10523318
	Boulder City	NV	89005-2299	Amount of Each Receipt this Period
	FEC ID number of contributing	С		350.00
	federal political committee.			000.00
	Name of Employer	Occupation	n	$\dashv$
	Boulder City Hospital		rator & CEO	
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggregate	Jul 10 Dullo 🔻	7
	Other (specify)		350.00	
	(-p)/ <b>V</b>		1 1 1 1 1 1 1	-
_	IIPTOTAL of Possints This Page (anti			950.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 181 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Eva C. LaBarge			Date of Receipt
	Mailing Address 6434 Sun Flag Ct.			12 30 2004
	City	State	Zip Code	Transaction ID: 10523320
	<u>Sparks</u>	NV	89436-5400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Nevada Hospital Associati- on	Occupation Director of	n of Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
3.	Full Name (Last, First, Middle Initial) Mr. James Parrish			Date of Receipt
	Mailing Address 118 East Haskell Street			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10523321
	Winnemucca	NV	89445-3299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Humboldt General Hospital	Occupation CEO & A	n dministrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
 C.	Full Name (Last, First, Middle Initial) Ms. Coletta Barrett, RN, MHA			Date of Receipt
	Mailing Address 5000 Hennessy Bouleva	rd		12 30 2004
	City	State	Zip Code	Transaction ID: 10535430
	Baton Rouge	LA	70808-4375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Our Lady of the Lake Regi-	Occupation		7
	onal Medical Receipt For:	Vice Pres	Year-to-Date <b>V</b>	
	Primary General	1.99.19		1
	Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1200.00
T	OTAL This Period (last page this line number or	ılv)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 65 / 181
	-		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Clark R. Cosse, III			Date of Receipt	
	Mailing Address 9521 Brookline Avenue			12 30	2004
	City	State	Zip Code	Transaction ID: 10	
	Baton Rouge	LA	70809-8409	Amount of Each Re	
	•		70009-0403	Amount of Each Ne	ceipi inis Penod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Louisiana Hospital Associ-	Occupation	1		
	Louisiana Hospital Associ- ation	Vice Pres	sident, Legal & Government	A∯	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>		
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
3	Full Name (Last, First, Middle Initial) Ms. Patricia T. Jeter			Date of Receipt	
•	Mailing Address 17853 Prestwick Avenue			M M / D D	/ Y Y Y Y
	Maining Address 17000 Frestwick Avenue	12 30	2004		
	City	State	Zip Code	Transaction ID: 10	)535436
	Baton Rouge	LA	70810-7994	Amount of Each Re	
	FEC ID number of contributing				500.00
	federal political committee.	C			500.00
	Name of Employer	Occupation	`	_	
	Name of Employer Louisiana Hospital Associ-	Vice Pres			
	ation Receipt For:		Year-to-Date ▼	=	
	Primary General	7.199.094.10		1	
	Other (specify)		500.00		
				·	
	Full Name (Last, First, Middle Initial)				
3.	Mr. John A. Matessino			Date of Receipt	
	Mailing Address 9521 Brookline Avenue			12 30	2004
	City	State	Zip Code	Transaction ID: 10	
	Baton Rouge	LA	70809-8409	Amount of Each Re	
	FEC ID number of contributing		1 1 1 1 1 1	7 tillodik di Eddil He	<del> </del>
	federal political committee.	C			500.00
				_	
	Name of Employer Louisiana Hospital Associ-	Occupation			
	ation		t & Chief Executive Officer  Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	Fredi-10-Date ▼	1	
	Other (specify)		500.00		
		-		1	
SI	UBTOTAL of Receipts This Page (optional)				1500.00
	,		•	-	
T	OTAL This Period (last page this line number on	ly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 181
	EMIZED RECEIPTS	or each category of the		(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12
۸r	ny information copied from such Reports and St	tatamente may	rnot he cold or used by any ners	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA			Date of Receipt
	Mailing Address 9521 Brookline Avenue	)		12 30 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10535439
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Louisiana Hospital Associ- ation	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul A. Salles			Date of Receipt
	Mailing Address 644 Apache Drive			12 30 YYYYY 12 30 2004
	City	State	Zip Code	Transaction ID: 10535441
	Abita Springs	LA	70420-3331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Louisiana Hospital Associ- ation	Occupation VP. Healt	n th Economics & Decision Su	nomar
	Receipt For:	-	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Theresa Samaha			Date of Receipt
	Mailing Address 9521 Brookline Avenue	;		12 0 0 4 2 0 0 4
	City	State	Zip Code	Transaction ID: 10535443
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Louisiana Hospital Associ- ation	Occupation Director of	n of Accounting	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	UPTOTAL (Charles Till B. (Cit. 1)			875.00
S	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 181	
	•		Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			_ common common, raigo	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Jennifer Steel			Date of Receipt	
	Mailing Address 3653 Lake Aspen East	Dr.		12 30 7 2004	
	City	State	Zip Code	Transaction ID: 10535449	
	Gretna	LA	70072	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer West Jefferson Medical Ce- nter	Occupation Chief Cor	n mmunity Relations Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
				1	
В.	Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N			Date of Receipt	
	Mailing Address 8166 Main Street			M M / D D / Y Y Y Y	
				12 30 2004	
	City	State	Zip Code	Transaction ID: 10535453	
	Houma	LA	70360-3498	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Terrebonne General Medical	Occupation	n t and Chief Executive Office		
	Center Receipt For:	1	Year-to-Date V	_	
	Primary General	Aygregate	: Teal-10-Date V	1	
	Other (specify)		250.00		
	case (epocary) •		0 0 0 0 0 0 0	1	
c.	Full Name (Last, First, Middle Initial) Ms. Ellen M Jones			Date of Receipt	
	Mailing Address 524 S. Ryan St.			12 30 7 9 9 9	
	City	State	Zip Code	Transaction ID: 10535455	
	Lake Charles	LA	70601-5725	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Christus St. Patrick Hosp-	Occupation	า	7	
	Christus St. Patrick Hosp- ital of Lake		and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
_					
s	UBTOTAL of Receipts This Page (optional)			800.00	
$\vdash$			·		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 68 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciti	ng contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial) Mr. James M. Dixon			Date of Receipt	
٦.	Mailing Address 2450 Severn Avenue, Su	ite 210		M M / D D	/ Y Y Y Y Y
				12 30	2004
	City	State	Zip Code	Transaction ID: 105	535457
	<u>Metairie</u>	LA	70001-6942	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer ShareCor	Occupation			
		President	•		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
3.	Full Name (Last, First, Middle Initial) Mr. Scott Stafford			Date of Receipt	
	Mailing Address P.O. Box 1636			M M / D D	/ Y " Y " Y " Y
		12 30	2004		
	City	State	Zip Code	Transaction ID: 105	
	Mansfield	LA	71052-1636	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer DeSoto Regional Health Sy-	Occupation			
	stem		t & Chief Executive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Culor (specify)	0 0		1	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. James P Barbuat			Date of Receipt	
	Mailing Address P O Box 1389			M M / D D	/ Y Y Y Y
				12 30	2004
	City	State	Zip Code	Transaction ID: 105	535464
	Opelousas	LA	70571-1389	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer	Occupation	1	┪	
	Opelousas Gerieral Health System		sident Financial Services		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify) ▼		250.00		
_					750.00
S	UBTOTAL of Receipts This Page (optional)		<b></b>		
Т	OTAL This Period (last page this line number or	ıly)	<b>)</b>	. L	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\geq$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. John J. Finn, Ph.D.			Date of Receipt
	Mailing Address 417 Magnolia Lane			1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10535469
	Mandeville	LA	70471-1646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Metropolitan Hospital Cou-	Occupation President		
	ncil of New O Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Nick Zaunbrecher, , CPA			Date of Receipt
	Mailing Address 204 Energy Parkway			12 / 30 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10539858
	Lafayette	LA	70508-3816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Meadowbrook Rehabilitation	Occupation	1	
	Hospital of		erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (speelity)	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Mark Cullen			Date of Receipt
	Mailing Address 1632 N. Avenue D			12 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 10539859
	Crowley	LA	70526-2826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kaplan Rehabilitation Hos-	Occupation	1	7
	pital		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
SI	UBTOTAL of Receipts This Page (optional)		·····	750.00
т,	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Glenn D Cordner  Mailing Address P O Box 2003  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Springfield Hospital  Receipt For: Primary General Other (specify)		Zip Code 05156-2003 In ecutive Officer e Year-to-Date ▼	Date of Receipt  M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Richard T Palmisano, , II, R.N. Mailing Address 159 Valley Park Drive  City Spofford  FEC ID number of contributing federal political committee.  Name of Employer Brattleboro Retreat  Receipt For: Primary General Other (specify)		Zip Code 03462-4634  n ecutive Officer e Year-to-Date  250.00	Date of Receipt    M M
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. George N Miller, Jr.  Mailing Address 500 West Court Street  City Kankakee  FEC ID number of contributing federal political committee.  Name of Employer Provena St. Mary's Hospital Receipt For: Primary General Other (specify)		Zip Code 60901-3661  n t and Chief Executive Officer e Year-to-Date ▼ 1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 10542102  Amount of Each Receipt this Period  1000.00
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	1500.00
т	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71 / 181
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Edward A Eckenhoff			Date of Receipt
	Mailing Address 102 Irving Street NW			12 30 2004
	City	State	Zip Code	Transaction ID: 10542105
	Washington	DC	20010-2949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer National Rehabilitation	Occupation President		
	Hospital Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	/ iggi ogalo	Tour to Bate V	1
	Other (specify) ▼		500.00	
				·
В.	Full Name (Last, First, Middle Initial) Ms. Terri L. Allen			Date of Receipt
	Mailing Address 1151 East Warrenville F	Road		M M / D D / Y Y Y Y
				12 01 2004
	City	State	Zip Code	Transaction ID: 10542167
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer	Occupation	1	
	Illinois Hospital Association	Regional	Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		325.00	
_	Full Name (Last, First, Middle Initial)			Date of Descipt
C.	Mr. Jack F. Fritzsche  Mailing Address 5165 Mad River Road			Date of Receipt
	Trialing Address 5165 Mad River Road			12 30 2004
	City	State	Zip Code	Transaction ID: 10542174
	Dayton	OH	45429-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Name of Employer Kettering Medical Center-	Board of		
	Network Receipt For:		Year-to-Date <b>V</b>	$\dashv$
	Primary General	, iggregate		1
	Other (specify)		250.00	
				1
٩	UBTOTAL of Receipts This Page (optional)			925.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 18	31
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12	□ 17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
Λ	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt	
Α.	Mailing Address 1151 E. Warrenville Roa	ad		M M / D D / Y Y Y	V
	THE TOTAL TO	20		12 01 2004	
	City	State	Zip Code	Transaction ID: 10542210	
	Naperville	IL	60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		375.00	3
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres			
	tion Receipt For:		e Year-to-Date ▼		
	Primary General		708.39		
	Other (specify) 🔻	0 0	700.39		
В.	Full Name (Last, First, Middle Initial) Ms. Barbara B. Dallas			Date of Receipt	
	Mailing Address 1405 West Main Street,	Ste 2		12 01 2004	
	City	State	Zip Code	Transaction ID: 10542216	
	Carbondale	IL	62901-2229	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		153.47	7
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion		tor Rural Hospital Services		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		306.94		
_	Full Name (Last, First, Middle Initial)			Data of Danada	
C.	Mr. Mark Deaton  Mailing Address 740 North Hayes			Date of Receipt	V
	740 North Hayes			12 01 2004	
	City	State	Zip Code	Transaction ID: 10542217	
	Oak Park	<u>IL</u>	60302-1706	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		375.00	3
	Name of Employer Illinois Hospital Associa-	Occupation		7	
	tion		General Counsel		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	708.39		
_		0 0	0 0 0 0 0 0 0		
s	SUBTOTAL of Receipts This Page (optional)			903.53	3
			·		
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 181
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt
	Mailing Address 1151 East Warrenville R			12 01 2004
	City	State	Zip Code	Transaction ID: 10542218
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		562.50
	Name of Employer Illinois Hospital Associa- tion	Occupation Director of	n of Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		562.50	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Lois DeTraglia			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd.	12 01 2004		
	City	State	Zip Code	Transaction ID: 10542219
	<u>Naperville</u>	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		187.56
	Name of Employer Illinois Hospital Associa- tion	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	354.28	
— C.	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung			Date of Receipt
	Mailing Address 1013 59th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10542220
	Lisle	IL	60532-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		187.56
	Name of Employer Illinois Hospital Associa- tion	Occupation Director.	n Government Relations	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		354.28	
s	UBTOTAL of Receipts This Page (optional)			937.62
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T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Brian Foster Mailing Address 1151 E. Warrenville Rd. PO Box 3015			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Naperville	State II	Zip Code 60563-9339	Transaction ID: 10542221  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00003-9339	375.03
	Name of Employer Illinois Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Vice Pres Aggregate		
3.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 10542224
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.03
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant	n : Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 708.39	
).	Full Name (Last, First, Middle Initial) Mr. Richard A. Hamilton			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd.			1 2 0 1 2 0 0 4
	City	State	Zip Code	Transaction ID: 10542226
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		562.50
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vi	n ce President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1062.50	
S	UBTOTAL of Receipts This Page (optional)			1312.56
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Ms. Tamara Lynn Jurgens  Mailing Address 1911 Hamilton Street  City  Murphysboro  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary General  Other (specify)		Zip Code 62966-1519 n nagement Consultant e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman Mailing Address 1151 E. Warranville Rd. City Naperville FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General	State IL C Occupation Assistant	t Vice President e Year-to-Date ▼	Date of Receipt    M M
<b>-</b> .	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis Mailing Address 1151 East Warrenville F City Naperville FEC ID number of contributing federal political committee.  Name of Employer	Road State IL C	Zip Code 60563-9339	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	Illinois Hospital Association  Receipt For:  Primary General Other (specify) ▼  UBTOTAL of Receipts This Page (optional)	Director, Aggregate	Government Relations e Year-to-Date ▼  354.28	517.23
т	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 76 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b	☐ 11c ☐ 12
			Detailed Summary Page	13 114	15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of solic solicit contributions from	citing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges			Date of Receipt	
	Mailing Address 1151 E. Warrenville Roa PO Box 3015		71.0	12 01	2004
	City Naperville	State II	Zip Code 60563-9339	Transaction ID: 1  Amount of Each R	
	FEC ID number of contributing		00303-9339	Amount of Each Ro	
	federal political committee.	C			562.50
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1062.50		
 3.	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III			Date of Receipt	
	Mailing Address 4109 Southwoods Road			1 2 0 1	
	City	State	Zip Code	Transaction ID: 1	0542296
	Springfield	<u>IL</u>	62707-6070	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			562.50
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion . Receipt For:		ice President e Year-to-Date ▼	_	
	Primary General	7.99.094.0		1	
	Other (specify)		1062.50		
Э.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt	
	Mailing Address 1531 Maria Court			12 01	
	City	State	Zip Code	Transaction ID: 1	
	Wheaton	IL	60187-3777	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			562.50
	Name of Employer Illinois Hospital Associa- tion	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1062.50		
S	UBTOTAL of Receipts This Page (optional)				1687.50
			·		
T	OTAL This Period (last page this line number or	าly)	<b>&gt;</b>		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas G. Breitenbach Mailing Address 250 Southview Road			Date of Receipt
	City Dayton	State OH	Zip Code 45419-3326	Transaction ID: 10542670  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10110 0020	250.00
	Name of Employer Miami Valley Hospital		President and CEO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
В.				Date of Receipt
	Mailing Address 309 Hathaway Road	01-1-	7'. 0.1	12 30 2004
	City	State	Zip Code	Transaction ID: 10542676
	Dayton	OH	45419-3915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Good Samaritan Hospital	Occupation President	t & CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James R Pancoast			Date of Receipt
	Mailing Address 2445 Ridgeway Road			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10542682
	Dayton	OH	45419-1325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Good Samaritan Hospital	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			600.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 181
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	ne and add	liess of any political committee to	Solicit Contributions from Such Committee.
$\rangle$	American Hospital Association PAC			
_	7 mondan ricopital 7 toocialion 1 7 to			_
	Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton			Date of Receipt
٦.	Mailing Address 1999 Broadway, Suite 260	)n		M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10542867
	Denver	CO	80202-3025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Catholic Health Initiativ-	Occupation	1	1
	es		and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kevin P. Conlin			Date of Receipt
	Mailing Address 422 Pine Meadow Ct.			12 30 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10542885
	Andover	KS	67002-8842	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Via Christi Health System	Occupation	1	1
	Via Christi Health System	President	: & CEO	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Saisi (spaan)) V			
_	Full Name (Last, First, Middle Initial)			B (B
J.	Mr. Greg Lundstrom  Mailing Address 113 North Third Street			Date of Receipt
				12 30 2004
	City	State	Zip Code	Transaction ID: 10542906
	Lindsborg	KS	67456-2101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		58.00
	Name of Employer Lindsborg Community Hospi-	Occupation	1	7
	tal /		rator and Chief Executive Off	<u>il</u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		308.00	
s	UBTOTAL of Receipts This Page (optional)			1308.00
_				
т	OTAL This Period (last page this line number only	·)	•	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 181			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 11	7		
Δn	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso				
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)				$\neg$		
\	American Hospital Association PAC						
/	7 interiodir i toopital 7 toootialien i 7 to						
	Full Name (Last, First, Middle Initial)						
٩.	Mr. Gerald J Marquette, , Jr.			Date of Receipt			
	Mailing Address 1400 West Fourth			M M / D D / Y Y Y Y			
				12 30 2004			
	City	State	Zip Code	Transaction ID: 10542907			
	Coffeyville	KS	67337-0856	Amount of Each Receipt this Period			
	FEC ID number of contributing			100.00	П		
	federal political committee.	C		400.00	L		
	·				1		
	Name of Employer Coffeyville Regional Medi-	Occupation					
	cal Center		ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		685.00				
	Other (specify)	0 0	003.00				
					_		
	Full Name (Last, First, Middle Initial)			B. (B. )			
٥.	Brenda S. McCants			Date of Receipt			
	Mailing Address 1019 E. 10th Street	12 30 2004					
	City	State	Zip Code				
	•	KS	•	Transaction ID: 10542908			
	Goodland	NO NO	67735-3503	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		200.00	L		
	federal political committee.				Į,		
	Name of Employer Goodland Regional Medical	Occupation	า				
	Goodland Régional Medical Center	Dir., Deve	elopment and Volunteers				
	Receipt For:	Aggregate	· e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		250.00				
				'			
	Full Name (Last, First, Middle Initial)				_		
Э.	Mr. Dennis E Klima			Date of Receipt			
	Mailing Address 640 South State Street			M M / D D / Y Y Y Y			
	01.	01	7'- 0-4-	12 30 2004			
	City	State	Zip Code	Transaction ID: 10543166			
	Dover	DE	19901-3597	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		500.00	L		
	federal political committee.	0			J.		
	Name of Employer	Occupation	1	┪			
	Bayhealth Medical Center		t and Chief Executive Officer	.			
	Receipt For:		Year-to-Date ▼	-			
	Primary General	55. 05410		1			
	Other (specify)	1	500.00				
			0 0 0 0 0 0	'			
SI	JBTOTAL of Receipts This Page (optional)			1100.00			
			•		1		
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>		ı		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
•	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
Λ	we information against from a rob Departs and Cta	tamanta ma	reat he cold or used by any never	13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Robert J Laskowski, , M.D.			Date of Receipt
	Mailing Address 9 Meadows Lane			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10543167
	Wilmington	DE	19807-1243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Christiana Care Health Sy- stem	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard A Long			Date of Receipt
	Mailing Address P O Box 2500			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10543354
	Wilmington	DE	19805-0500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St. Francis Hospital	Occupation President	<sup>n</sup> t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify) ▼	0 0	8 8 8 8 8 8	
Э.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		12 30 4
	City	State	Zip Code	Transaction ID: 10547986
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Washingt		of Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			1000.00
т.	OTAL This Period (last page this line number or	alv)		
	UIAL THIS FEHOU (IASEPAYETHIS IIITE HUITIDELUI	11 y /	······································	

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 181	
	•		Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	11 ,	name and add	aress of any political committee to	Solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\angle$	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Dr. Molly J. Coye, MD			Date of Receipt	
	Mailing Address 524 Second Street 2nd Floor			12 30 2004	
	City	State	Zip Code	Transaction ID: 10548235	
	San Francisco	CA	94107-1427	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Health Technology Center-	Occupation	n ecutive Officer		
	San Francisco Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
				d .	
В.	Full Name (Last, First, Middle Initial) Mr. Frank G McDougall			Date of Receipt	
	Mailing Address One Medical Center Dri	ve		M M / D D / Y Y Y Y	
				12 30 2004	
	City	State	Zip Code	Transaction ID: 10549396	
	Lebanon	NH	03756-0001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation			
	al Center		Government Relations		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
	Cirici (specify)	0 0		1	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Shireen Gandhi-Kozel			Date of Receipt	
<b>J</b> .	Mailing Address 2550 University Avenue	W		M M / D D / Y Y Y Y	
	Suite 350-S	. VV.		12 30 2004	
	City	State	Zip Code	Transaction ID: 10549946	
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period	
	FEC ID number of contributing			134.61	
	federal political committee.	C		134.01	
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation	Vice Pres			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1	307.68		
	Other (specify)	0 0	3333	1	
_	LIDTOTAL of December This December 1			534.61	
L	UBTOTAL of Receipts This Page (optional)		······		
1					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 82 / 181
TEMIZED RECEIPTS			or each category of the	(check only one)	, ,
• •	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
۸n	w information copied from such Poperts and Sta	tomonte may	rot be cold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt	
	Mailing Address 4885 Pheasant Court So			12 / 30	
	City	State	Zip Code	Transaction ID: 10	
	Afton	MN	55001-9415	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			269.50
	Name of Employer Minnesota Hospital Associ- ation	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.75		
— 3.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt	
	Mailing Address 3405 Riverside Dr. NE			1 2 3 0	
	City	State	Zip Code	Transaction ID: 10	0549951
	Bemidji	MN	56601-5310	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer North Country Regional Ho-	Occupation			
	spital	1	t and Chief Executive Officer	·	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify) ▼	0 0	500.00		
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Peter E. Person, MD			Date of Receipt	
	Mailing Address 26 South 30th Avenue E			1 2 3 0	2004
	City	State	Zip Code	Transaction ID: 10	0549952
	Duluth	MN	55812-2330	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			750.00
	Name of Employer St. Mary's Regional Health	Occupation	n ecutive Officer		
	Center Receipt For:		e Year-to-Date ▼	-	
	Primary General	00 0		1	
	Other (specify) ▼	0 0	750.00		
s	UBTOTAL of Receipts This Page (optional)				1144.50
T	OTAL This Period (last page this line number or	าly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 181				
	EMIZED RECEIPTS		or each category of the	(check only one)				
••	LIVIIZED NEOLII 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
Δη	y information copied from such Reports and Stateme	nte may	not be sold or used by any nerso					
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$  \rangle$	American Hospital Association PAC							
$\angle$								
Α.	Full Name (Last, First, Middle Initial) Mr. Charles F. Harms			Date of Receipt				
Α.	Mailing Address 2520 Moonlight Ct.			M M / D D / Y Y Y Y				
	Walling Address 2520 Moonlight Ct.			12 30 2004				
	City	tate	Zip Code	Transaction ID: 10550441				
	<u>Cheyenne</u> V	۷Y	82009-8572	Amount of Each Receipt this Period				
	FEC ID number of contributing			500.00				
	federal political committee.	' .		300.00				
	Name of Employer United Medical Center Oc	cupatior	1	7				
	Children Medical Center Ch	ief Exe	ecutive Officer					
		gregate	Year-to-Date ▼					
	Primary General	1	500.00					
	Other (specify) ▼							
_	Full Name (Last, First, Middle Initial)			Date of Descript				
В.				Date of Receipt				
	Mailing Address 2005 Warren Avenue Post Office Box 249			12 30 2004				
		tate	Zip Code	Transaction ID: 10550442				
	<u>Cheyenne</u> V	۷Y	82001-3725	Amount of Each Receipt this Period				
	FEC ID asserbes of a satisfaction	T -						
	federal political committee.			250.00				
	Name of Employer	cupation	1	4				
	Wyoming Hospital Associa-	e Pres						
	11011		Year-to-Date ▼					
	Primary General	1 1	050.00	1				
	Other (specify)		250.00					
C	Full Name (Last, First, Middle Initial) Ms. Patsy Carter			Date of Receipt				
Ο.	Mailing Address PO Box 460			M M / D D / Y Y Y Y				
				12 30 2004				
	,	tate	Zip Code	Transaction ID: 10550443				
	Rawlins V	VY	82301-0460	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee			250.00				
	federal political committee.							
	Name of Employer Oc	cupation	1	7				
Carbon County Memorial Hospital COO a		O and	Administrator					
		gregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼	0 0	200.00					
	SUBTOTAL of Receipts This Page (optional)							
$\vdash$	ODI OTAL OF RECEIPES THIS Fage (Optional)							
T	OTAL This Period (last page this line number only)		<b>)</b>					

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 84 / 181
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Douglas A McMillan			Date of Receipt
	Mailing Address 707 Sheridan Avenue			12 30 2004
	City	State	Zip Code	Transaction ID: 10550444
	Cody	WY	82414-3409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Park Hospital	Occupation Administr	n rator and Chief Executive O	<del></del> ffi
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ronald A Ommen			Date of Receipt
	Mailing Address P O Box 428			12 30 YYYYY 12 30 2004
	City	State	Zip Code	Transaction ID: 10550445
	Jackson	WY	83001-0428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Medical Center	Occupation	n ecutive Officer and Administ	
	and Living C Receipt For:		ecutive Officer and Administ Year-to-Date <b>V</b>	ra
	Primary General	Aggregate	: Teal-10-Date V	7
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Rod Barton			Date of Receipt
	Mailing Address 650 MTN View			12 30 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10550446
	Powell	WY	82435-1722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Powell Valley Healthcare  Receipt For:		Occupation Chief Exe	n ecutive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
Other (specify) ▼			250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
<b>-</b>	OTAL This Deried (less need this line need an	only)		
1 '	OTAL This Period (last page this line number	∪ı ııy <i>)</i>		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 181
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and St.	atements may	v not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
/ /			
Full Name (Last, First, Middle Initial)			
Mr. James F. Caldas			Date of Receipt
Mailing Address 6016 Overlea Road			M M / D D / Y Y Y Y
			12 30 2004
City	State	Zip Code	Transaction ID: 10550618
<u>Bethesda</u>	MD	20816-2469	Amount of Each Receipt this Period
FEC ID number of contributing			050.00
federal political committee.	C		250.00
Name of Employer Washington Hospital Center	Occupation		
	Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)		230.00	
Full Name (Last, First, Middle Initial)			1 5. (5
Secretary Scott W. Goodspeed, , FACHE			Date of Receipt
Mailing Address 11 Braley Lane			12 30 2004
City	State	Zip Code	
North Hampton	NH	•	Transaction ID: 10550621
•	INIT	03862-2245	Amount of Each Receipt this Period
FEC ID number of contributing	C		125.00
federal political committee.			
Name of Employer	Occupation	n	
Anna Jaques Hospital	Presiden	t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify)		290.00	
Full Name (Last, First, Middle Initial)			
Mr. Scott Bowman			Date of Receipt
Mailing Address 304 Wright Street			M M / D D / Y Y Y Y
			12 30 2004
City	State	Zip Code	Transaction ID: 10551841
Sweetwater	TN	37874-2897	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			300.00
Name of Employer	Occupation	 n	┪
Sweetwater Hospital	Administ		
Receipt For:		e Year-to-Date ▼	
Primary General	33 -3		1
Other (specify)		500.00	
			1
SUBTOTAL of Receipts This Page (optional)			875.00
		······································	
TOTAL This Period (last page this line number of	only)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 181		
	· ·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			2 stailed Sammary : age	13 14 15 16 17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. James L Brexler			Date of Receipt		
	Mailing Address 975 East Third Street			12 30 7 9 9 9		
	City	State	Zip Code	Transaction ID: 10551842		
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Erlanger Health System	Occupation President	n t and Chief Executive Office			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Ms. Jeannine Briley			Date of Receipt		
	Mailing Address 500 Interstate Blvd. So	uth		12 30 2004		
	City	State	Zip Code	Transaction ID: 10551843		
	Nashville	TN	37210-4634	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Tennessee Hospital Associ-	Occupation Vice Pres	n sident, Education Services			
	ation Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Jimm Bunch			Date of Receipt		
	Mailing Address 500 Hospital Drive			1 2 3 0 2 0 0 4		
	City	State	Zip Code	Transaction ID: 10551845		
	Madison	TN	37115-5032	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Tennessee Christian Medic- al Center		t and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
				1750.00		
s	UBTOTAL of Receipts This Page (optional)			1790.00		
1						

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Charlotte Burns			Date of Receipt
	Mailing Address 60 Southern Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10551846
	Savannah	TN	38372-2294	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer Hardin County General Hos- pital	Occupation Administ	<sup>n</sup> rator and Chief Executive Of	fi
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Susan Burkett			Date of Receipt
	Mailing Address 2525 De Sales Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	12 30 2004
	Chattanooga	TN	37404-1102	Transaction ID: 10551847
		IIN	37404-1102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Erlanger Health System	Occupation		
	Pagaint For:		ice President e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	e rear-to-Date V	
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James Byrd			Date of Receipt
•	Mailing Address 500 Interestate Blvd. So	uth		M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10551848
	Nashville	<u>TN</u>	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bradley Memorial Hospital	Occupation		7
		1	ice President	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
s	UBTOTAL of Receipts This Page (optional)			1000.00
	,		•	
T	OTAL This Period (last page this line number or	nly)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 88 / 181	
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c	
			Detailed Guillinary Fage	13 14	15 🗌 16 🔲 17	
Ar	ny information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting	g contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from suc	ch committee.	
\	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Ms. Martha Chill			Date of Receipt		
	Mailing Address 10820 Parkside Drive			1 2 3 0	2004	
	City	State	Zip Code	Transaction ID: 1055	51849	
	Knoxville	TN	37922-1956	Amount of Each Recei		
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Baptist Hospital West	Occupation	n President	1		
	Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
3.	Full Name (Last, First, Middle Initial) Mr. Steve Clapp			Date of Receipt		
	Mailing Address 137 Blount Avenue South	1 2 / 3 0	2004			
	City	City State Zip Code			51850	
	Knoxville	TN	37920-1601	Amount of Each Recei	pt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Baptist Hospital of East Tennessee	Occupation Vice Pres	n sident, Business Developmer	nt		
	Receipt For:		e Year-to-Date ▼	<u> </u>		
	Primary General	1 1991 194111				
	Other (specify) ▼		250.00			
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Chris Clarke			Date of Receipt		
	Mailing Address 500 Interestate Blvd. So	uth		1 2	2004	
	City	State	Zip Code	Transaction ID: 1055	51851	
	Nashville	TN	37210-4634	Amount of Each Recei	pt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Tennessee Hospital Associ-	Occupation	n ice President, Clinical and Pr			
	ation Receipt For:		e Year-to-Date <b>V</b>	-		
	Primary General	Aggregate	e rear-to-bate ¥			
	Other (specify)		500.00			
s	UBTOTAL of Receipts This Page (optional)		·····		1000.00	
Т	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>			
	, 10	• /				

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 89			
		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Betailed Calliniary Lage	13 14 15 16 17		
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. James Lee Decker			Date of Receipt		
	Mailing Address 2840 Wimbledon Court			12 30 2004		
	City	Ctoto	Zin Codo			
	City Clarksville	State TN	Zip Code	Transaction ID: 10551852		
		IIN	37043-2426	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Baptist Hospital of Cocke	Occupation	1	7		
	County Cocke	Senior Vi	ce President and Administra	td		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Ms. Donna Dickens			Date of Receipt		
	Mailing Address 500 Interstate Boulevard	d South		M M / D D / Y Y Y Y		
	The state of the s			12 30 2004		
	City	State	Zip Code	Transaction ID: 10551853		
	Nashville	TN	37210-4634	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	Name of Employer	Occupation	 1	┪		
	Tennessee Hospital Association		sident, Accounting			
	Receipt For:		Year-to-Date ▼			
	Primary General	111				
	Other (specify) ▼		500.00			
_						
C.	Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich			Date of Receipt		
	Mailing Address 500 Interstate Boulevard	d South		12 30 7 2004		
	City	State	Zip Code			
	Nashville	TN	37210-4634	Transaction ID: 10551854  Amount of Each Receipt this Period		
			07210 4004	Amount of Lach neceipt this renou		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Tennessee Hospital Associ-	Occupation				
	ation		Vice President	-		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	'	250.00			
	☐ Other (specify) ♥					
,	IIPTOTAL of Possints This Poss (anticast)			1000.00		
$\vdash$	UBTOTAL of Receipts This Page (optional)		<b></b>			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Ms. Marilyn Dubree  Mailing Address 1211 22nd Avenue South AA-120 MCN  City  Nashville  FEC ID number of contributing federal political committee.	State TN	Zip Code 37232-0004	Date of Receipt  M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Vanderbilt University Medical Center Receipt For: Primary General Other (specify)	Occupation Director Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr. Greg Duckett  Mailing Address 350 N Humphreys Boulevard			7.0.4	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Memphis  FEC ID number of contributing federal political committee.		Zip Code 38120-2177	Transaction ID: 10551856  Amount of Each Receipt this Period  1000.00
	Name of Employer Baptist Memorial Health Care Corporati  Receipt For:  Primary General  Other (specify) ▼		n ice President and Chief Lega e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Mr. Marvin Eichorn  Mailing Address 400 North State of Franklin Rd				Date of Receipt  1 2 3 0 2 0 0 4
	City  Johnson City  FEC ID number of contributing federal political committee.	State TN	Zip Code 37604-6094	Transaction ID: 10551857  Amount of Each Receipt this Period  250.00
	Name of Employer Johnson City Medical Center  Receipt For:  Primary General  Other (specify) ▼		nice President and Chief Finale Year-to-Date  250.00	nc
s	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 181 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Carol Forrest			Date of Receipt
	Mailing Address Post Office Box 238			1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10551858
	Kingsport	TN	37662-0238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wellmont Holston Valley Medical Center	Occupation Clinical N		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial)  Mr. Barry Fowler  Mailing Address 877 Jefferson Avenue			Date of Receipt
				12 30 2004
	City	State	Zip Code	Transaction ID: 10551859
	Memphis	TN	38103-2897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Regional Medical Center	Occupation		
	at Memphis Receipt For:	-	ancial Officer e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	250.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. James D. Gann			Date of Receipt
	Mailing Address Post Office Box 489			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10551860
	<u>Harriman</u>	TN	37748-0489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Roane Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Aggreg Primary General		e Year-to-Date ▼	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
<b>-</b>	OTAL This Period (last nage this line number of	nnly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 92 / 181   (check only one)
Ar	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	not be sold or used by any perso	on for the purpose of soliciting contributions
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	e and add	ness of any political committee to	SOICH CONTINUED HOTT SUCH CONTINUES.
Α.	Full Name (Last, First, Middle Initial) Mr. Gregg Gentry Mailing Address 975 East Third Street			Date of Receipt
		State	Zip Code	1 2 3 0 2 0 0 4 Transaction ID: 10551861
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C ;		250.00
	Erlanger Medicál Center C		man Resources Officer	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. James L. Goodloe			Date of Receipt
	Mailing Address 500 Interstate Blvd. South  City	12 30 2004		
		State TN	Zip Code 37210-4634	Transaction ID: 10551862  Amount of Each Receipt this Period
	EEC ID assembles of a section time.		0.210 1001	1000.00
	Tennessee Hośpital Association		ce President	
	Receipt For:  Primary General  Other (specify) ▼	.ggregate	Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon			Date of Receipt
	Mailing Address 7891 Cross Pike Drive	Ctata	Zip Code	12 30 2004
		State TN	38138-8117	Transaction ID: 10551863  Amount of Each Receipt this Period
	FEC ID remarks of a cartribution	C	30.00	250.00
	Baptist Memoriál Health Care Corporati		e Vice President & CAO e Year-to-Date  250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 181 (check only one)  X 11a 11b 11c 12
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sharron R. Grindstaff Mailing Address 100 Greenway Circle  City Erwin  FEC ID number of contributing federal political committee.  Name of Employer Unicoi County Memorial Hospital Receipt For: Primary General Other (specify)		Zip Code 37650-2177  n rsing Officer e Year-to-Date ▼ 250.00	Date of Receipt  M M M / 30 / 2004  Transaction ID: 10551864  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Ms. Susan Hand Mailing Address P O Box 2529  City Oak Ridge  FEC ID number of contributing federal political committee.  Name of Employer Methodist Medical Center of Oak Ridge Receipt For: Primary General Other (specify)	1	Zip Code 37831-2529 In Sident and Chief Financial Of Part Part Part Part Part Part Part Part	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 0 4  Transaction ID: 10551865  Amount of Each Receipt this Period  250.00
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. Wayne S. Heatherly  Mailing Address Post Office Box 22993  City Knoxville  FEC ID number of contributing federal political committee.  Name of Employer Parkwest Medical Center  Receipt For: Primary General Other (specify)	State TN C Occupation President Aggregate		Date of Receipt  M M M / 30 / 2004  Transaction ID: 10551866  Amount of Each Receipt this Period  500.00
s	UBTOTAL of Receipts This Page (optional)		·····	1000.00
т	OTAL This Period (last page this line number o	nlv)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE			
	· ·	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			,,	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. David C Hogan			Date of Receipt		
	Mailing Address 350 North Humphreys E	Boulevard		12 30 2004		
	City	State	Zip Code	Transaction ID: 10551867		
	Memphis	TN	38120-2177	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Baptist Memorial Health	Occupation				
	Care Corporati Receipt For:		e Vice President and Chief C e Year-to-Date ▼	γρ <del>e</del>		
	Primary General	Aggregate	: Teal-10-Date V	1		
	Other (specify)		250.00			
		1 1	0 0 0 0 0 0 0	1		
В.	Full Name (Last, First, Middle Initial) Ms. Wanda Johnson			Date of Receipt		
	Mailing Address 700 Westbrook Lane			M M / D D / Y Y Y Y		
				12 30 2004		
	City	State	Zip Code	Transaction ID: 10551868		
	Winchester	TN	37398-3217	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.			250.00		
	Name of Employer	Occupation	า			
	Tennessee Hospital Association	Executive	e Director			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			D. (D. )		
C.	Mr. Bill Jolley Mailing Address 500 Interstate Blvd., So	uth		Date of Receipt		
	500 Interstate bivd., So	ulli		12 30 2004		
	City	State	Zip Code	Transaction ID: 10551869		
	Nashville	TN	37210-4634	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		500.00		
	federal political committee.					
	Name of Employer Tennessee Hospital Associ-	Occupation				
	ation	1	Vice President	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)	' '	500.00			
	Strict (opcony)		0 0 0 0 0 0 0	1		
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8	UBTOTAL of Receipts This Page (optional)			1000.00		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 181		
ıT	EMIZED RECEIPTS		or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			., .,	13 14 15 16 17		
Ar or	ry information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Marvin A. Kurtz			Date of Receipt		
	Mailing Address 975 East Third Street			12 30 2004		
	City	State	Zip Code	Transaction ID: 10551870		
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Erlanger Medical Center	Occupatio Chief Fin	n ancial Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Nicholas P Lewis			Date of Receipt		
	Mailing Address P O Box 7100	12 30 2004				
	City	State	Zip Code	Transaction ID: 10551871		
	Paducah	KY	42002-7100	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer Lourdes Hospital	Occupatio Chief Op	<sup>n</sup> erating Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	250.00	1		
	Other (specify) 🔻	0 0	250.00			
_	Full Name (Last, First, Middle Initial)			5. (5. ).		
C.				Date of Receipt		
	Mailing Address 900 East Oak Hill Avenu			12 30 7 2004		
	City	State	Zip Code	Transaction ID: 10551872		
	Knoxville	TN	37917-4505	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer St. Mary's Health System	Occupatio Presiden	n t and Chief Executive Office			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
	UPTOTAL of Descriptor Title Descriptor 1			750.00		
S	UBTOTAL of Receipts This Page (optional)					

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 96 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
Αn	y information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\	American Hospital Association PAC				
/	7 in or oan Troophar 7 isocolation 1 7 is				
	Full Name (Last, First, Middle Initial)				
٩.	Ms. Michelle Long			Date of Receipt	
	Mailing Address 500 Interestate Blvd. So	uth		M M / D D	
				12 30	2004
	City	State	Zip Code	Transaction ID: 105	551873
	Nashville	TN	37210-4634	Amount of Each Red	eipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	N (5 )	10 "		_	
	Name of Employer Tennessee Hospital Associ-	Occupation			
	ation		General Counsel		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼				
	Full Name (Local Final Middle Latin)				
3	Full Name (Last, First, Middle Initial) Mr. David H. McClure			Date of Receipt	
•	Mailing Address 500 Interstate Boulevard	l South		M M / D D	/ <b>Y</b>
	Walling Address 500 Interstate Doulevard	Joulii		1 2 30	2004
	ity State Zip Code			Transaction ID: 105	551874
	Nashville	TN	37210-4634	Amount of Each Rec	
				7 1111001111 01 20011 1100	· · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tennessee Hospital Associ-	Occupation			
	ation		sident, Finance		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)			Date of Daniel	
٠.	Ms. Janice M. McKinley, RN, FACHE			Date of Receipt	
	Mailing Address 939 Vista Oaks Lane			12 30	2004
	City	State	Zip Code	Transaction ID: 105	
	Knoxville	TN	37919-4445	Amount of Each Red	
			07010 1110	Amount of Each Rec	opt this i enou
	FEC ID number of contributing federal political committee.	C			250.00
	reactal political committee.				
	Name of Employer Parkwest Medical Center	Occupation			
	rainwest ivieuidai Geriter	Vice Pres	sident & Chief Nursing Office	er	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		205.00	1	
	Other (specify)		325.00		
					750.00
S	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 181
ITEMIZED RECEIPTS		or each category of the	(check only one)    X   11a     11b     11c   12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		·	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Monty McLaurin			Date of Receipt
Mailing Address 2000 Brookside Drive			12 30 7 2004
City	State	Zip Code	Transaction ID: 10551876
Kingsport	TN	37660-4682	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Indian Path Medical Center	Occupatio Chief Exc	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Mr. John W. Melton			Date of Receipt
Mailing Address 400 N State of Franklin			12 30 7 2004
City	State	Zip Code	Transaction ID: 10551877
Johnson City	TN	37604-6035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mountain States Health Al- liance	Occupatio Senior V	n ice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Terry Morgan			Date of Receipt
Mailing Address 1911 Dobson Park Lane	)		12 30 7 2004
City	State	Zip Code	Transaction ID: 10551878
Knoxville	TN	37922-8528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Baptist Health System of	Occupatio		7
East Tennesse Receipt For:		President e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number or	nlv)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 98 / 181
			Use separate schedule(s) or each category of the	(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c  12
				13 14	15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciti solicit contributions from s	ng contributions uch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. James T Moss			Date of Receipt	
	Mailing Address 163 Windemere Circle			12 30	2004
	City	State	Zip Code	Transaction ID: 105	
	Jackson	TN	38305-3966	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer West Tennessee Healthcare	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	500.00		
3.	Full Name (Last, First, Middle Initial) Mr. Joe Peterson			Date of Receipt	
	Mailing Address PO Box 1788			12 / 30	2004
	City	State	Zip Code	Transaction ID: 105	551880
	Knoxville	TN	37901-1788	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Baptist Hospital of East	Occupation	า	7	
	Tennessee		y Manager		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
Э.	Mr. Byron Quinton			Date of Receipt	
	Mailing Address PO Box 580			1 2 / 3 0	2004
	City	State	Zip Code	Transaction ID: 105	551881
	Waynesboro	TN	38485-0580	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Wayne Medical Center	Occupation Administr			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		230.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
_					
T	OTAL This Period (last page this line number or	າເy)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 99 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b	□ 44a □ 40
			Detailed Summary Page	X 11a 11b	11c   12 15   16   17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of so	liciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fro	m such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
	American Hospital Association FAC				
_	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Ms. Denise Ray  Mailing Address 975 East Third Street			Date of Receipt	D / Y Y Y Y
	373 Last Till d Otreet				0 2004
	City	State	Zip Code	Transaction ID:	10551882
	Chattanooga	TN	37403-2163	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Erlanger Health System	Occupation Sr. Vice	n President Care Services		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Ciriei (specify)	1			
В.	Full Name (Last, First, Middle Initial) Mr. Stephen Curtis Reynolds			Date of Receipt	
	Mailing Address 899 Madison Ave. Room 1727				0 /
	City	State	Zip Code	Transaction ID:	
	Memphis	TN	38146-0001	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Baptist Memorial Health	Occupation			
	Care Corporati Receipt For:		t and Chief Executive Officer e Year-to-Date   T		
	Primary General	Aggregate	: Teal-10-Date V	1	
	Other (specify) ▼	0 0	250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia			Date of Receipt	
	Mailing Address 100 Fort Sanders West	Blvd			D / Y Y Y Y
	Cit.	04-4-	7in Onda		0 2004
	City Knoxville	State TN	Zip Code 37922-3353	Transaction ID:	Receipt this Period
	FEC ID number of contributing		0.000	Amount of Each	
	federal political committee.	C			250.00
	Name of Employer Covenant Health	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	, ,	250.00		
	Outer (Specify) \		0 0 0 0 0 0 0	1	
s	UBTOTAL of Receipts This Page (optional)				1000.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 100 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c   12
_				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 interiodir i toopital 7 loodestation i 7 lo				
_	Full Name (Last, First, Middle Initial)				
Α.	Dr. Bruce W Steinhauer, M.D.			Date of Receipt	
	Mailing Address 877 Jefferson Avenue			12 30	2004
	City	State	Zip Code	Transaction ID: 10	
	Memphis	TN	38103-2897	Amount of Each Red	
	-		00100 2007	Amount of Laciffie	· · · · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Regional Medical Center	Occupation			
	at Memphis		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 975 East Third Street			M M / D D	7 Y Y Y Y
	Cit.	04-4-	7:- Oada	12 30	2004
	Chattanage	State	Zip Code	Transaction ID: 10	
	Chattanooga	TN	37403-2163	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Erlanger Health System	Occupation			
			Manager		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Linda Timmer			Date of Receipt	
	Mailing Address 500 Interstate Blvd. So	uth		M M / D D	
	Cit.	04-4-	7:- Oada	12 30	2004
	City Nashville	State TN	Zip Code	Transaction ID: 10	
		IIN	37210-4634	Amount of Each Red	celpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tennessee Hospital Associ-	Occupation			
	ation		e Administrator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Caro (openity) •			1	
Г					
s	UBTOTAL of Receipts This Page (optional)				750.00
$\vdash$	daga.p.aa . aga (apaana)			-	
T	OTAL This Period (last page this line number of	onlv)	<b>)</b>		

2CL	HEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 101 / 181
			Use separate schedule(s)	(check only one)	
ITE	MIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
Any ii	nformation copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting	ng contributions
or for	commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	uch committee.
\ N	AME OF COMMITTEE (In Full)				
> A	merican Hospital Association PAC				
	ull Name (Last, First, Middle Initial) r. Scott Tongate			Date of Receipt	
M	ailing Address P O Box 319			12 30	2004
Ci	ty	State	Zip Code	Transaction ID: 105	51890
<u>C</u>	arthage	TN	37030-0319	Amount of Each Rece	eipt this Period
	EC ID number of contributing deral political committee.	C			250.00
Na C	ame of Employer arthage General Hospital	Occupation	n ecutive Officer		
Re	eceipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	ull Name (Last, First, Middle Initial) r. William E. Torrence, Jr.			Date of Receipt	
_	ailing Address 241 S. Chamberlain Ave	).		1 2 3 0	2004
Ci	ty	State	Zip Code	Transaction ID: 105	51891
R	ockwood	TN	37854-6542	Amount of Each Rece	
	EC ID number of contributing deral political committee.	C			250.00
	· · · · · · · · · · · · · · · · · · ·	l a			
Na Ba	ame of Employer aptist Health System of	Occupation Sr. Vice I			
	ast Tennesse eceipt For:		Year-to-Date <b>V</b>	_	
	Primary General	Aggregate	: Teal-10-Date V	1	
	Other (specify) ▼		250.00		
_	ull Name (Last, First, Middle Initial) s. Thelma K. Traut			Date of Receipt	
M	ailing Address 1080 Cedar Drive Cedar Lake Estates			1 2 3 0	2004
Ci		State	Zip Code	Transaction ID: 105	51892
<u>C</u>	amden	TN	38320-6033	Amount of Each Rece	eipt this Period
	EC ID number of contributing deral political committee.	C			500.00
Na Ba	ame of Employer aptist Memorial Hospital-	Occupation Vice Cha			
	untingdon eceipt For:		Year-to-Date ▼	7	
	Primary General			1	
	Other (specify) ▼		500.00		
SUB	TOTAL of Receipts This Page (optional)				1000.00
тот	AL This Period (last page this line number or	nly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10	)2 / 181
IT	EMIZED RECEIPTS		or each category of the	(check only one)	40
••			Detailed Summary Page		12 16
Ar	ny information copied from such Reports and Si	tatements may	not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committ	tee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Perry Turner			Date of Receipt	
	Mailing Address 421 South Main Street				0 4
	City	State	Zip Code	Transaction ID: 10551893	
	Crossville	TN	38555-5031	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		50	0.00
	Name of Employer Cumberland Medical Center	Occupation		7	
			y Director		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)		500.00		
В.	Full Name (Last, First, Middle Initial) Mr. Carlyle L E Walton			Date of Receipt	
	Mailing Address 401 Takoma Avenue				0 4
	City	State	Zip Code	Transaction ID: 10551894	
	Greeneville	TN	37743-4647	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		25	0.00
	Name of Employer Takoma Adventist Hospital	Occupation Presiden			
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
— С.	Full Name (Last, First, Middle Initial) Mr. Berton Whitaker			Date of Receipt	
Ο.	Mailing Address PO Box 238			M M / D D / Y Y	YY
					0 4
	City	State	Zip Code	Transaction ID: 10551895	
	Kingsport	TN	37662-0238	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		25	60.00
	Name of Employer Wellmont Holston Valley	Occupation			
	Medical Center	Presiden			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
_				<u> </u>	
s	UBTOTAL of Receipts This Page (optional)			100	0.00
$\vdash$			•		
T	OTAL This Period (last page this line number	only)			

Ç/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 103 / 181
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Nancy P White			Date of Receipt
	Mailing Address 350 Hospital Drive			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10551896
	Fort Oglethorpe	GA	31217-3871	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Coliseum Medical Centers	Occupation Director (	n Government Relations	
	Receipt For:	1	e Year-to-Date ▼	1
	Primary General		1 1 1 1 1 1	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Betsy B. Wood			Date of Receipt
	Mailing Address 500 Interstate Boulevard	d, South		12 30 7 2004
	City	State	Zip Code	Transaction ID: 10551897
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		676.00
	Name of Employer Tennessee Hospital Associ-	Occupation	n	7
	ation		sident, Government Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		676.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Roy J Orr			Date of Receipt
	Mailing Address 1460 'G' Street			12 30 2004
	City	State	Zip Code	Transaction ID: 10553527
	Springfield	OR	97477-4197	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	250.00
	federal political committee.	C		250.00
	Name of Employer McKenzie-Willamette Medic-	Occupation		
	al Center		t and Chief Executive Officer	·
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	. [
	Other (specify)	' '	250.00	
	Strict (openity) \	0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1426.00
_				
T	OTAL This Period (last page this line number or	ווא)	<b>.</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 104 / 181
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanou zammary r ugo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce Bishop			Date of Receipt
	Mailing Address 7777 SW Canyon Lane			12 30 YYYYY 12 30 2004
	City	State	Zip Code	Transaction ID: 10553528
	Portland	OR	97225-3813	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Oregon Association of Hos-	Occupation	n gislative Director	
	pitals & Heal Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09411	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Mr. Norman F Gruber			Date of Receipt
	Mailing Address P O Box 14001			M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10553531
	Salem	OR	97309-5014	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	_
	Salem Hospital		t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			4
C.	Mr. Daniel B Smith			Date of Receipt
	Mailing Address P O Box 1068			M M / D D / Y Y Y Y
			7. 0.1	12 30 2004
	City	State	Zip Code	Transaction ID: 10553533
	Albany	OR	97339	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Samaritan Health Services	Occupation	า	
		Vice Pres	sident Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			750.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 105 / 181	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Peter F Rapp			Date of Receipt	
	Mailing Address 3181 SW Sam Jackson	Park Road	I	M M / D D / Y Y Y Y	
				12 30 2004	
	City	State	Zip Code	Transaction ID: 10553534	
	Portland	OR	97201-3098	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer	Occupation	n	┥	
	Name of Employer OHSU Hospital		sident and Executive Director		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
3.	Full Name (Last, First, Middle Initial) Ms. Ann Daniel			Date of Receipt	
	Mailing Address P.O. Box 23089			M M / D D / Y Y Y Y	
				12 30 2004	
	City	State	Zip Code	Transaction ID: 10554446	
	Savannah	GA	31403-3089	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Memorial Health	Occupation	n	7	
	Memoriai Health	Director,	Generation One		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	250.00		
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)			Data of Descipt	
٠.	Dr. William N Wessinger, M.D.			Date of Receipt	
	Mailing Address 24 Tiffany Place			12 30 2004	
	City	State	Zip Code	Transaction ID: 10554472	
	Savannah	GA	31406-5229	Amount of Each Receipt this Period	
	FEC ID number of contributing				П
	federal political committee.	C		250.00	
	Name of Employer	Occupation	2	_	
	Name of Employer Memorial Health		ce President		
	Receipt For:		Year-to-Date ▼	-	
	Primary General	33 -3		1	
	Other (specify)		250.00		
				750.00	٦
S	UBTOTAL of Receipts This Page (optional)			750.00	
					7
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		_

Ç/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 106 / 181
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Fried, , FACHE			Date of Receipt
	Mailing Address 17 Patriots Way			1 2 3 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10557932
	Rehoboth Beach	DE	19971-1057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beebe Medical Center	Occupation President	n t and Chief Executive Office	-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ryland P Davis			Date of Receipt
	Mailing Address 715 East Highland Bould Post Office Box 2555	evard		1 2 3 0 2 0 0 4
	City	State	Zip Code	Transaction ID: 10557955
	Spokane	WA	99203-3306	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		500.00
	Name of Employer	Occupation	1	7
	Sacred Heart Medical Cent- er	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	1 1	300.00	
`	Full Name (Last, First, Middle Initial) Mr. David E Jaffe			Date of Receipt
<b>J</b> .	Mailing Address 325 Ninth Avenue, Box	250717		M M / D D / Y Y Y Y
	325 Willing Avenue, Box 3	339717		12 30 2004
	City	State	Zip Code	Transaction ID: 10557956
	Seattle	WA	98104-2499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harborview Medical Center	Occupation Executive		
	Receipt For:		Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
			•	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 / 181	
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16	<b>7</b> 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any persol	for the purpose of soliciting contributions	<u></u>
\	NAME OF COMMITTEE (In Full)	ario ario aoc	diess of any political committee to	Solicit Contributions from Such Committee.	
$\rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud			Date of Receipt	
	Mailing Address 7 Ivanhoe Drive			12 30 4 2004	
	City	State	Zip Code	Transaction ID: 10559145	
	Topsham	ME	04086-6109	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Maine Hospital Association	Occupation Presiden		]	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Dr. Charles W Sorenson, , Jr., M.D			Date of Receipt	
	Mailing Address 36 South State Street, 2	22nd Fl		12 7 30 7 9 9 9	
	City	State	Zip Code	Transaction ID: 10561547	
	Salt Lake City	UT	84111-1453	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Intermountain Health Care, Inc.	Occupation Executive	n e Vice President and Chief O	De	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Robert Cash			Date of Receipt	
	Mailing Address 9660 South 1300 East			12 30 YYYYY 12 30 2004	
	City	State	Zip Code	Transaction ID: 10561570	
	Sandy	UT	84094-3793	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Alta View Hospital	Occupation Administ	n rator and Chief Executive Off	i	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		225.00		
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	600.00	
Т	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 181 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Snyder Mailing Address 8th Avenue and C Stree City Salt Lake City FEC ID number of contributing federal political committee.  Name of Employer LDS Hospital	State UT C	Zip Code 84143-0001	Date of Receipt  M M M / 30 / 2004  Transaction ID: 10561571  Amount of Each Receipt this Period  100.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
3.	Full Name (Last, First, Middle Initial) Mr. H. Gary Pehrson Mailing Address 601 East 700 North  City Kaysville FEC ID number of contributing	State UT	Zip Code 84037-1564	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Intermountain Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate		100.00
<b>C</b> .	Full Name (Last, First, Middle Initial) Ms. Colleen B. Koga, RN Mailing Address 4423 South 1630 West  City Roy  FEC ID number of contributing federal political committee.  Name of Employer	State UT C	Zip Code 84067-3010	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	McKay-Dee Hospital Center  Receipt For:  Primary General  Other (specify) ▼	Nursing /	Administrator e Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	300.00
T	OTAL This Period (last page this line number o	nlv)	<b>b</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  Ms. Karen S. Burnett  Mailing Address 2248 North 500 East  City  Ogden  FEC ID number of contributing federal political committee.  Name of Employer McKay-Dee Hospital Center  Receipt For:  Primary General  Other (specify)		Zip Code 84414-2884 n Human Resources e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. James C. Hoellein Mailing Address 1475 33rd Street  City Ogden  FEC ID number of contributing federal political committee.  Name of Employer McKay-Dee Hospital Center  Receipt For: Primary General Other (specify)		Zip Code 84403-1301  n Heart Institute e Year-to-Date ▼ 225.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 10561576  Amount of Each Receipt this Period  100.00
<b>-</b>	Full Name (Last, First, Middle Initial) Mr. Timothy T. Pehrson  Mailing Address 3939 Harrison Boulevar  City  Ogden  FEC ID number of contributing federal political committee.  Name of Employer McKay-Dee Hospital Center  Receipt For:  Primary General Other (specify)	State UT  C  Occupation Operation	Zip Code 84403-2310  n ns Officer e Year-to-Date ▼ 225.00	Date of Receipt  M M J 30 / 2004  Transaction ID: 10561577  Amount of Each Receipt this Period  100.00
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	300.00
т	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 110 / 181
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIMIZED TIEGEII 13			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas F Hanrahan, , FACHE			Date of Receipt
	Mailing Address Box 9370			12 30 2004
	City	State	Zip Code	Transaction ID: 10561578
	Ogden	UT	84409-0370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer McKay-Dee Hospital Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		225.00	7
	Other (specify) ▼	0 0	223.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark C. Coons			Date of Receipt
	Mailing Address 544 West Vista Drive			12 30 4 2004
	City	State	Zip Code	Transaction ID: 10561579
	<u>Highland</u>	<u>UT</u>	84003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Intermountain Health Care,	Occupation	n Vice President	
	Inc. Receipt For:	_ · _ ·	e Year-to-Date ▼	
	Primary General	1 199 194111		7
	Other (specify) ▼		225.00	
С.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Young, , R.N.			Date of Receipt
	Mailing Address 741 E. 750 North			12 30 2004
	City	State	Zip Code	Transaction ID: 10561580
	Orem	UT	84097-6008	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		100.00
	Name of Employer Utah Valley Regional Medi-	Occupation		
	cal Center	Administ		
Receipt For:		Aggregate	e Year-to-Date ▼	
	Primary General		225.00	
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			300.00
$\vdash$	. 5 . , ,		•	
Ιт	OTAL This Period (last page this line number of	only)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 111 / 181		
		Use separate schedule(s)		(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c		
			Detailed Summary Page	13 14	15 16 17		
Δn	y information copied from such Reports and State	ements may	y not be sold or used by any perso				
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from	such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)						
\	American Hospital Association PAC						
/	American Floopital Accordance Fro						
	Full Name (Last, First, Middle Initial)						
٩.	Mr. Merrill Gappmayer			Date of Receipt			
	Mailing Address 1156 S. State			M M / D D	/ <b>Y</b>		
	Suite 202			12 30	2004		
	City	State	Zip Code	Transaction ID: 10	561581		
	Orem	UT	84097-8233	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing				100.00		
	federal political committee.	C			100.00		
	Intermountain Health Care	Occupation	1				
	Inc.	Trustee		_			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		225.00				
	Other (specify) ▼		223.00				
,	Full Name (Last, First, Middle Initial)			Data of Data dat			
٥.	Mr. Keith D Tintle			Date of Receipt			
	Mailing Address 894 Foxhill Road			12 30	2004		
	City	State	Zip Code				
	North Salt Lake Ci	UT	84608	Transaction ID: 10			
		UI	84000	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.				100.00		
	rederal political committee.						
	Name of Employer	Occupation	1				
	Timpanogos Régional Hospi- tal	Chief Exe	ecutive Officer				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General		205.00	1			
	Other (specify)		225.00				
	Full Name (Last, First, Middle Initial)						
j.	Dr. A. Lorris Betz, MD			Date of Receipt			
	Mailing Address 50 North Medical Drive			12 30	2004		
	City	State	Zip Code	Transaction ID: 10			
	Salt Lake City	UT	84132-0001				
	· · · · · · · · · · · · · · · · · · ·	UI	84132-0001	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			100.00		
	rederal political committee.						
	Name of Employer	Occupation	1	7			
	University of Utah Health Care	Senior Vi	ce President				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>				
	Primary General			1			
	Other (specify) ▼	<u>_</u>	349.50				
SI	UBTOTAL of Receipts This Page (optional)		<b>)</b>		300.00		
				-			
T	OTAL This Period (last page this line number only	y)	<b>)</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 / 181
ıт	EMIZED RECEIPTS	or each category of the		(check only one)
TI LIVIIZED TILOLII 13			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bradley D LeBaron			Date of Receipt
	Mailing Address 785 North Canyon View 416-8			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10561584
	Roosevelt	UT	84066-2231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Uintah Basin Medical Cent- er	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	225.00	
В.	Full Name (Last, First, Middle Initial) Mr. Osvaldo Lopez			Date of Receipt
Mailing Address 836 West Wellington Av		renue		12 30 7 2004
	City	State	Zip Code	Transaction ID: 10568351
	Chicago	IL	60657-5147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Advocate Illinois Masonic	Occupation	n ecutive Officer	
	Medical Cent Receipt For:	l	e Year-to-Date ▼	-
	Primary General	Aggregate	rear-to-bate V	
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James M. Hohner			Date of Receipt
	Mailing Address 2159 W. Agatite			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10568358
	Chicago	IL	60625-1705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Advocate Health Care		n Administrator	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
<b>—</b>			<u>*</u>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 113 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Lawrence Majika			Date of Receipt
	Mailing Address 2025 Windsor Drive			M M / D D / Y Y Y Y
				12 30 2004
	City	State	Zip Code	Transaction ID: 10568359
	Oak Brook	IL	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	250.00
	federal political committee.	C		250.00
	Name of Employer Advocate Health Care	Occupation	n ecutive Officer	
	Descint For			_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Guici (specify)	1 1	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
3.	Dr. Lee Sacks, , M.D.			Date of Receipt
	Mailing Address 2025 Windsor Drive			12 30 2004
	City	State	Zip Code	
	•	II	•	Transaction ID: 10568361
	Oak Brook	IL	60523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	
	Advocate Health Care	Executive	e Vice President and Chief M	led
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
•	Full Name (Last, First, Middle Initial) Mr. William P. Santulli			Date of Receipt
•	Mailing Address 3815 Highland Avenue			M M / D D / Y Y Y Y
	Maining Address Soft Finginiand Avenue			12 30 2004
	City	State	Zip Code	Transaction ID: 10568362
	Downers Grove	IL	60515-1500	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	2	_
	Name of Employer Advocate Good Samaritan		ecutive Officer	
	Hospital Receipt For:		Year-to-Date <b>V</b>	
	Primary General	, iggregate	, i.d., to Date ¥	1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
S	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 114 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)	
"	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 15	$\begin{array}{c c} & 12 \\ \hline & 16 \end{array} \qquad \boxed{17}$
Δr	ny information copied from such Reports and Sta	atements may	not be sold or used by any person		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such co	ommittee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
^	Full Name (Last, First, Middle Initial)			Date of Descipt	
Α.	Mr. James H Skogsbergh Mailing Address 2025 Windsor Drive			Date of Receipt	YYY
	Walling Address 2025 Willdsof Drive			1 2 3 0	2004
	City	State	Zip Code	Transaction ID: 1056836	<del>3</del> 4
	Oak Brook	IL	60523-1586	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Advocate Health Care	Occupation President	n t and Chief Executive Officer	1	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
В.	Full Name (Last, First, Middle Initial) Mr. Robert Christie			Date of Receipt	
	Mailing Address 251 East Huron Street			1 2	2004
	City	State	Zip Code	Transaction ID: 1056836	6
	Chicago	IL	60611-2908	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Northwestern Memorial Hos-	Occupation			
	pital Receipt For:		sident, Government and Legis e Year-to-Date ▼	sia T	
	Primary General	Aggregate	FIGAL-10-Date V		
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Dean M Harrison			Date of Receipt	
	Mailing Address 5237 Grand Avenue			12 30	2004
	City	State	Zip Code	Transaction ID: 1056836	
	Western Springs	IL	60558-1827	Amount of Each Receipt th	
	FEC ID number of contributing	С			500.00
	federal political committee.				000.00
	Name of Employer Northwestern Memorial Hos-	Occupation	n	1	
	pital	-	t and Chief Executive Officer	1	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	500.00		
_					
s	UBTOTAL of Receipts This Page (optional)				1250.00
			<u> </u>		
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE	115 / 181		
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	<b>7</b> 12		
			Detailed Summary Fage		16 🗍 17		
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contri	ibutions		
or	for commercial purposes, other than using the na	ame and ado	dress of any political committee to	solicit contributions from such com	ımittee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
۹.	Mr. Gary A. Mecklenburg			Date of Receipt			
	Mailing Address 1344 Edge Wood Lane				YYY		
					2004		
	City	State	Zip Code	Transaction ID: 10568372			
	Winnetka	IL	60093-1412	Amount of Each Receipt this	Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer	Occupation	n	-			
	Name of Employer Northwestern Memorial Hos-		t & Chief Executive Officer				
	pital Receipt For:		Year-to-Date ▼				
	Primary General	riggrogate	real to Bate V				
	Other (specify)		500.00				
	cana (eposis), <b>\</b>	0 0	0 0 0 0 0 0 0				
3.	Full Name (Last, First, Middle Initial) Mr. Timothy P. Selz			Date of Receipt			
	Mailing Address 2615 Washington Street			M M / D D / Y \	YYY		
		12 30	2004				
	City	State	Zip Code	Transaction ID: 10568378			
	Waukegan	IL	60085-4980	Amount of Each Receipt this	Period		
	FEC ID number of contributing		* * * * * *		050.00		
	federal political committee.	C			250.00		
		l o		_			
	Name of Employer Provena Mercy Center	Occupation					
	Descint For	President	-	_			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)	' '	250.00				
	Carici (Specify)	0 0	0 0 0 0 0 0				
_	Full Name (Last, First, Middle Initial)			Date of Bookins			
٠.	Mr. William A Brown, , CHE			Date of Receipt			
	Mailing Address 77 North Airlite Street				2004		
	City	State	Zip Code	Transaction ID: 10568379			
	Elgin	II	60123-4998	Amount of Each Receipt this	Period		
				7 thouse of Each recorpt this	1 Criod		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Provena Saint Joseph Hosp-	Occupation					
	ital	l	t and Chief Executive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify) ▼		250.00				
_	SUBTOTAL of Receipts This Regg (entional)						
<u>S</u>	UBTOTAL of Receipts This Page (optional)		······				
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- 1	OTAL This Period (last page this line number or	пу)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 181 (check only one)  X 11a 11b 11c 12  13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial)  Mr. Darryl L Vandervort  Mailing Address 403 East First Street  City  Dixon  FEC ID number of contributing federal political committee.  Name of Employer Katherine Shaw Bethea Hospital  Receipt For:  Primary General  Other (specify)		Zip Code 61021-3187  n t and Chief Executive Officer e Year-to-Date ▼ 500.00	Date of Receipt    M M M		
3.	Full Name (Last, First, Middle Initial) Mr. William T Foley Mailing Address 19065 Hickory Creek Drive, 300  City State Zip Code			Date of Receipt  1 2 3 0 2 0 0 4  Transaction ID: 10568381		
	Mokena  FEC ID number of contributing federal political committee.	C	60448-8599	Amount of Each Receipt this Period 400.00		
	Name of Employer Provena Health  Receipt For: Primary General Other (specify)		ecutive Officer e Year-to-Date  400.00			
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. James M. Moore, CHE Mailing Address 800 N.E. Glen Oak Aver	nue		Date of Receipt  1 2 3 0 2 0 0 4		
	City	State	Zip Code	Transaction ID: 10568382		
	Peoria  FEC ID number of contributing federal political committee.	C	61603-3255	Amount of Each Receipt this Period  500.00		
	Name of Employer OSF Healthcare System	Occupation Chief Exe	n ecutive Officer			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00			
s	UBTOTAL of Receipts This Page (optional)			1400.00		
т.	OTAL This Period (last page this line number or	nlv)				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 117 / 181
•		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , CHE			Date of Receipt
	Mailing Address 530 Park Avenue East			12 30 2004
	City	State	Zip Code	Transaction ID: 10568383
	Princeton	IL	61356-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Perry Memorial Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH			Date of Receipt
	Mailing Address 1025 Glenview Road			M ' M / D ' D / Y ' Y ' Y ' Y
	-	<b>.</b>		12 30 2004
	City	State	Zip Code	Transaction ID: 10568384
	Glenview	<u>IL</u>	60025-3134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer	Occupation	1	
	Rehabilitation Institute of Chicago	President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Susan Hulce Cerletty			Date of Receipt
٥.	Mailing Address 345 East Superior Stree	t		M M / D D / Y Y Y Y
	#1559			12 30 2004
	City	State	Zip Code	Transaction ID: 10568386
	Chicago	<u>IL</u>	60611-4805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Rehabilitation Institute	Occupation COO	1	
	of Chicago Receipt For:		Year-to-Date ▼	_
	Primary General	. 1991 09410		1
	Other (specify) ▼		260.00	
				1010.00
s	UBTOTAL of Receipts This Page (optional)		······	1010.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 118 / 181
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u>.                                    </u>	NAME OF COMMITTEE (In Full)	arro arra aac	nood of any pointour definition to	conditional of the same continues.
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William B Leaver			Date of Receipt
	Mailing Address 2701 17th Street			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10568502
	Rock Island	<u> </u>	61201-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Trinity Medical Center-We- st	Occupation President	n and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		502.50	
3.	Full Name (Last, First, Middle Initial) Mr. Timothy J Harrington			Date of Receipt
	Mailing Address 1324 North Sheridan Ro	12 30 4		
	City	State	Zip Code	Transaction ID: 10568503
	Waukegan	IL	60085-2199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Vista Health-Victory Memo- rial Hospital	Occupation President	n : and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski			Date of Receipt
Mailing Address 3333 North Seminary Street		reet		12 30 7 2004
	City	State	Zip Code	Transaction ID: 10568507
	City Galesburg	State IL	Zip Code 61401-1299	Transaction ID: 10568507  Amount of Each Receipt this Period
	•		·	
	Galesburg  FEC ID number of contributing federal political committee.  Name of Employer OSF St. Mary Medical Center	C Occupation	61401-1299	Amount of Each Receipt this Period 250.00
	Galesburg  FEC ID number of contributing federal political committee.  Name of Employer OSF St. Mary Medical Center Receipt For:	C Occupation Administ	61401-1299	Amount of Each Receipt this Period 250.00
	Galesburg  FEC ID number of contributing federal political committee.  Name of Employer OSF St. Mary Medical Center	C Occupation Administ	61401-1299	Amount of Each Receipt this Period 250.00
SI	Galesburg  FEC ID number of contributing federal political committee.  Name of Employer OSF St. Mary Medical Center Receipt For: Primary General	C Occupation Administ Aggregate	ator and Chief Executive Of Year-to-Date ▼	Amount of Each Receipt this Period 250.00 750.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 119/181	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI EIMIZED TREGEII TO			Detailed Summary Page	X 11a 11b	11c   12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicing solicities.	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 in order 1 roopital 7 tooosiation 1 7 to				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Kathleen K DeVine			Date of Receipt	
	Mailing Address 2875 West 19th Street			1 2 3 0	2004
	City	State	Zip Code		
	Chicago	IL	60623-3501	Transaction ID: 10	
		IL.	00023-3301	Amount of Each Re	ceipi inis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Saint Anthony Hospital	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify)		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1225 Lake Street			M M / D D	/ <b>Y</b>
				12 30	2004
	City	State	Zip Code	Transaction ID: 10	568509
	Melrose Park	<u> </u>	60160-4000	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer Westlake Hospital	Occupation	n		
	Westlake Hospital	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
	Full Name (Last First Miles Livin)				
C.	Full Name (Last, First, Middle Initial) Mr. A. Hugh Greene			Date of Receipt	
٠.	Mailing Address 3939 Cordova Avenue			M M / D D	/ Y 'Y 'Y 'Y
				12 30	2004
	City	State	Zip Code	Transaction ID: 10	569185
	Jacksonville	FL	32207-6018	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			400.00
	federal political committee.				400.00
	Name of Employer	Occupation	 n	$\dashv$	
Baptist Health Chie			ecutive Officer		
			e Year-to-Date ▼	7	
	Primary General			1	
	Other (specify)		432.00		
					1400.00
s	UBTOTAL of Receipts This Page (optional)		······		1400.00
				-	
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 / 181
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   12   17   17   17   17   17   17
Δ.	y information copied from such Reports and Sta	atomonto mo	, not be cold or used by any parag	13 14 15 16 17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. G. Mark O'Bryant			Date of Receipt
	Mailing Address 9616 Deer Valley Drive			12 30 2004
	City	State	Zip Code	Transaction ID: 10569187
	Tallahassee	FL	32312-4245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Tallahassee Memorial Heal- thCare	Occupation Senior Vi	ce President & COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		800.00	1
	Other (specify)	0 0	800.00	
В.	Full Name (Last, First, Middle Initial) Mr. John Hillenmeyer			Date of Receipt
	Mailing Address 1414 Kuhl Avenue			M M / D D / Y Y Y Y
	City	Ctoto	7in Codo	12 30 2004
	City Orlando	State FL	Zip Code 32806-2093	Transaction ID: 10569193
		1 -	32000-2093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Orlando Regional Healthca- re	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Patrick J. Madden			Date of Receipt
	Mailing Address 1941 East Lloyd Street			M M / D D / Y Y Y Y
	-			12 30 2004
	City	State	Zip Code	Transaction ID: 10569199
	Pensacola	FL	32503-6064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Sacred Heart Health System	Occupation President	n t & Chief Executive Officer	
			Year-to-Date ▼	
			400.00	1
	Other (specify)	0 0	400.00	
s	LUBTOTAL of Receipts This Page (optional)		<b>_</b>	1600.00
ř				
т	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)	<b>\</b>		FOR LINE NUMBER: PAGE 121 / 181
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	ne name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
Mr. James R Nathan			Date of Receipt
Mailing Address P O Box 2218			M M / D D / Y Y Y Y
City	Ctata	7in Code	12 30 2004
City Fort Myers	State FL	Zip Code 33902-2218	Transaction ID: 10569218
<del></del>		33902-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Lee Memorial Health System	Occupation	n ecutive Officer	
Receipt For:		e Year-to-Date ▼	-
Primary General	, iggi ogaio	Tour to Bate V	1
Other (specify) ▼		400.00	
			-
Full Name (Last, First, Middle Initial)  3. Mr. Frank V Sacco, , FACHE			Date of Receipt
Mailing Address 3501 Johnson Street			M M / D D / Y Y Y Y
ag / taa. ooo			12 30 2004
City	State	Zip Code	Transaction ID: 10569231
Hollywood	FL	33021-5487	Amount of Each Receipt this Period
FEC ID number of contributing	C		800.00
federal political committee.	0		
Name of Employer	Occupation	n	
Memorial Healthcare System	Chief Exe	ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		800.00	
Other (specify)	0 0		<u> </u>
Full Name (Last, First, Middle Initial)	ı		
Mr. J E Piriz			Date of Receipt
Mailing Address 3682 Falcon Ridge C	ircle		12 30 2004
City	State	Zip Code	Transaction ID: 10569259
Weston	FL	33331-5019	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	400.00
federal political committee.	C		400.00
Name of Employer	Occupation	 n	-
Memorial Regional Hospital	Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		400.00	7
Other (specify) ▼		400.00	1
SUBTOTAL of Receipts This Page (optional)			1600.00
ago (opilona)			
TOTAL This Period (last page this line number	er only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 181			
ITEMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X   11a     11b     11c     12     15     16     17			
Ar	ny information copied from such Reports and State	ments may	$\gamma$ not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
^	Full Name (Last, First, Middle Initial)			Data of Daggint			
Α.	Mr. David L. Schlemmer  Mailing Address 8621 NW 53rd Court			Date of Receipt			
				12 30 2004			
	City	State	Zip Code	Transaction ID: 10569276			
	Coral Springs	FL	33067-2846	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer Memorial Healthcare System	Occupation	1				
			Administrator				
		Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		400.00				
	Curior (opening)		0 0 0 0 0 0 0				
В.	Full Name (Last, First, Middle Initial) Mr. John A Benz			Date of Receipt			
	Mailing Address 703 North Flamingo Road			12 30 7 2004			
	City	State Zip Cod		Transaction ID: 10569278			
	Pembroke Pines	FL	33028-1014	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Memorial Hoenital West	Occupation	n ategic Officer				
			Year-to-Date <b>V</b>				
	Primary General	00 0		1			
	Other (specify) ▼	0 0	400.00				
C.	Full Name (Last, First, Middle Initial) Ms. Nina Tucker			Date of Receipt			
-	Mailing Address 3115 N. 36th Avenue			M M / D D / Y Y Y Y			
	City	Ctoto	7in Code	12 30 2004			
	City Hollywood	State FL	Zip Code 33021-3062	Transaction ID: 10569283  Amount of Each Receipt this Period			
	FEC ID number of contributing		1 1 1 1 1 1				
	federal political committee.	C		400.00			
	Memorial Regional Hospital	Occupation Administ					
	- · · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼				
	Primary General	1 1	400.00	1			
	Other (specify)		400.00				
	UDTOTAL of Provide Till Don't in the			1200.00			
	UBTOTAL of Receipts This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 123 / 181 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Greg Zorman, M.D.			Date of Receipt
	Mailing Address 5730 Arapahoe Road			12 30 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10569285
	Fort Lauderdale	FL	33312-6354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Memorial Healthcare System	Occupation Hospital	n Administrator	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stanley Marks, , M.D. Mailing Address 3501 Johnson Street			Date of Receipt
			7: 0 1	12 30 2004
	City  Demokratic Divisor	State	Zip Code	Transaction ID: 10569288
	Pembroke Pines	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Memorial Healthcare System	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Anthony C. Krayer, III			Date of Receipt
	Mailing Address 340 W. Tropicla Way			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10569290
	Plantation	FL	33317-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		800.00
Name of Employer Memorial Regional Hospital  Receipt For: Primary General Other (specify)		Occupation Chief Co	n rporate Affairs Officer	
		Aggregate	e Year-to-Date ▼ 800.00	
s	UBTOTAL of Receipts This Page (optional)			1600.00
T.	OTAL This Period (last nage this line number)	anly)		

201	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE	124 / 181
			Use separate schedule(s)	(check only one)	
ITE	MIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 🔲 17
Any i	nformation copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contrib	utions
or for	commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such comn	nittee.
\ N	AME OF COMMITTEE (In Full)				
> A	merican Hospital Association PAC				
_	ull Name (Last, First, Middle Initial) Ir. Zeff Ross			Date of Receipt	
M	ailing Address 10213 Capri Street				004
С	ity	State	Zip Code	Transaction ID: 10569291	
<u>H</u>	lollywood	FL	33026-4637	Amount of Each Receipt this P	'eriod
	EC ID number of contributing deral political committee.	C			400.00
N M	ame of Employer lemorial Hospital West	Occupation Administr			
R	eceipt For:	1	Year-to-Date ▼	1	
	Primary General	35.13	432.00		
Į.	Other (specify) ▼	0 0			
_	ull Name (Last, First, Middle Initial) ls. Catherine B. Johnson			Date of Receipt	
M	Mailing Address 8390 North West 24th Court				004
C	ity	State	Zip Code	Transaction ID: 10569325	
<u>P</u>	embroke Pines	FL	33024	Amount of Each Receipt this P	eriod
FI	EC ID number of contributing				200.00
	deral political committee.	C			200.00
N	ame of Employer lemorial Hospital of Jack-	Occupation	า		
IV <u>S</u> (	nemorial Hospital of Jack- onville	Director			
R	eceipt For:	Aggregate	e Year-to-Date ▼		
-	Primary General		240.00		
L	Other (specify) ▼		240.00		
_	ull Name (Last, First, Middle Initial) Ir. C. Kennon Hetlage			Date of Receipt	
_	ailing Address 19910 NW 2nd Street			M M / D D / Y Y	ΥΥΥ
_					004
	ity	State	Zip Code	Transaction ID: 10569328	
	embroke Pines	FL	33029-3306	Amount of Each Receipt this P	'eriod
	EC ID number of contributing deral political committee.	C		4	400.00
N M	ame of Employer lemorial Regional Hospital		ecutive Officer		
R	eceipt For:	Aggregate	Year-to-Date ▼		
	Primary General		400.00	1	
L	Other (specify) ▼		400.00		
SUF	BTOTAL of Receipts This Page (optional)			10	00.00
	The rage (optional)				-
тот	AL This Period (last page this line number or	nly)			

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 125 / 181
-			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Matthew J Muhart			Date of Receipt
	Mailing Address 3501 Johnson Street			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10569330
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Memorial Healthcare System	Occupation Chief Fin	n ancial Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General			1
	Other (specify) ▼	0 0	400.00	
3.	Full Name (Last, First, Middle Initial) Mr. Gary S Barber			Date of Receipt
	Mailing Address 3501 Johnson Street			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10569337
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Memorial Healthcare System	Occupation General (		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		400.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Martha Garcia			Date of Receipt
	Mailing Address 7250 Jacaranda Lane			12 30 7 2004
	City	State	Zip Code	Transaction ID: 10569347
	Miami Lakes	FL	33014-2673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Memorial Hospital of Jack- sonville	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼	0 0	400.00	
SI	UBTOTAL of Receipts This Page (optional)			1200.00
			·	-
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 181 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert Reese Mailing Address 546-2 North East 7th Av City Ft. Lauderdale FEC ID number of contributing federal political committee.  Name of Employer Fort Lauderdale Hospital  Receipt For: Primary General	State FL C Occupation Chief Info	Zip Code 33301  n ormation Officer e Year-to-Date ▼	Date of Receipt  M M J D D J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼	0 0	400.00	
3.	Full Name (Last, First, Middle Initial) Mr. Nemuel O Artiles, , FACHE Mailing Address Post Office Box 10011  City	State	Zip Code	Date of Receipt    M M
	Guayama  FEC ID number of contributing federal political committee.	PR C	00785-4011	Amount of Each Receipt this Period  250.00
	Name of Employer Hospital Episcopal Cristo Redentor Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼		n e Director e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Ms. Ellen T. Menard  Mailing Address 621 Pommander Walk			Date of Receipt	
	City	State	Zip Code	1 2 3 1 2 0 0 4 Transaction ID: 10573379
	Alexandria  FEC ID number of contributing federal political committee.	C	22314-3846	Amount of Each Receipt this Period  300.00
	Name of Employer Inova Health System	Occupation Vice Pres	n sident Human Resources	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			950.00
т.	OTAL This Period (last page this line number o	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 127 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William C. Powanda			Date of Receipt
	Mailing Address 27 Partridge Drive			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10573520
	Seymour	CT	06483-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Griffin Hospital	Occupation Vice Pres		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Alan D Knight			Date of Receipt
	Mailing Address 275 Sandwich Street			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10573537
	Plymouth	MA	02360-2183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jordan Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) 🔻		500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Thomas L. Bell			Date of Receipt
	Mailing Address 4301 NW Valley Road			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10573545
	Topeka	KS	66618-3445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		242.31
	Name of Employer Kansas Hospital Associati- on	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		425.00	
	Other (specify) ▼	0 0	425.00	
s	UBTOTAL of Receipts This Page (optional)			992.31
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 128 / 181 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)	a a		30.00.00.00.00.00.00.00.00.00.00.00.00.0
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky			Date of Receipt
	Mailing Address 14607 West 89th Street			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10573547
	Lenexa	KS	66215-2967	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		67.30
	Name of Employer Kansas Hospital Associati- on	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		249.99	
3.	Full Name (Last, First, Middle Initial) Mr. Donald A. Wilson			Date of Receipt
	Mailing Address 6840 S.W. Dancaster Report Office Box 2308	12 31 7 2004		
	City	State	Zip Code	Transaction ID: 10573551
	Topeka	KS	66610-1411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		87.50
	Name of Employer Retired	Occupation Former F		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	
<del></del>	Full Name (Last, First, Middle Initial) Mr. J. Steve Perry			Date of Receipt
	Mailing Address 110 Hospital Lane			12 31 7 2004
	City	State	Zip Code	Transaction ID: 10573554
	Afton	WY	83110-0579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Star Valley Medical Center		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			404.80
	OTAL This Period (last page this line number or	alv)		
- 1 '	UIAL THIS I CHOU (IAST PAYE THIS HITE HUTTIDE! OF	11 y /	·······	

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER	: PAGE 129 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soli	citing contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions fror	n such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Karen A. Weller Gregersen			Date of Receipt	
	Mailing Address 2908 Vance Hill Road			12 3	
	City	State	Zip Code	Transaction ID: 1	10573558
	Newport Center	VT	05857-9356	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer North Country Hospital and	Occupation	ecutive Officer		
	Health Cent  Receipt For:		Year-to-Date ▼	$\dashv$	
	Primary General	00 0		1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Paul R Bengtson			Date of Receipt	
	Mailing Address P O Box 905	12 3			
	City	State	Zip Code	Transaction ID:	10573559
	Saint Johnsbury	VT	05819-9962	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Northeastern Vermont Regi-	Occupation	1		
	onal Hospital		ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0			
Э.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba			Date of Receipt	
	Mailing Address 14 Prospect Street			12	1 2004
	City	State	Zip Code	Transaction ID: 1	
	Milford	MA	01757-3090	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Milford-Whitinsville Regi-	Occupation			
	onal Hospital	President	and Chief Executive Officer	•	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	1 1	200.00	J.	
s	UBTOTAL of Receipts This Page (optional)				750.00
_	OTAL This Davied (lost ness this line accepts of	lu)			
1	OTAL This Period (last page this line number on	ıy <i>)</i>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. J. Frazer Rolen, Jr.  Mailing Address 2204 Lakeshore Drive Suite 230  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Alabama Hospital Association  Receipt For: Primary General Other (specify)		Zip Code 35209-6729  n Director, Federal Advocacy e Year-to-Date ▼ 550.00	Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Mr. Gregg B. Everett  Mailing Address 8224 Parkview Court  City  Montgomery  FEC ID number of contributing federal political committee.	State AL	Zip Code 36117-6964	Date of Receipt    M M
	Name of Employer Alabama Hospital Association  Receipt For:  Primary General  Other (specify) ▼		n President & General Counse e Year-to-Date ▼ 504.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Ms. Danne J. Howard Mailing Address 1812 Woodmere Loop  City Montgomery  FEC ID number of contributing federal political committee.  Name of Employer Alabama Hospital Association  Receipt For:		Zip Code 36117-5004  n e Government Relations e Year-to-Date ▼	Date of Receipt    M M
	Primary General Other (specify) ▼  UBTOTAL of Receipts This Page (optional)		500.00	1554.00
T	OTAL This Period (last page this line number of	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 131 / 181			
			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c   12			
			Detailed Guillinary Fage	13 14	15 16 17			
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solic	iting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.			
\	NAME OF COMMITTEE (In Full)							
$\rangle$	American Hospital Association PAC							
	Full Name (Last, First, Middle Initial)							
٩.	Ms. Rosemary Blackmon			Date of Receipt				
	Mailing Address 547 Le Grand Place			1 2 0 8				
	City	State	Zip Code	Transaction ID: 10				
	Montgomery	AL	36106-1825	Amount of Each Re				
		/L	30100-1023	Amount of Each Ne	eceipi iriis Feriod			
	FEC ID number of contributing federal political committee.	С			252.00			
	Name of Employer Alabama Hospital Associat-	Occupation						
	ion		sident of Public Relations					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	, ,	252.00					
	Other (specify)	0 0		1				
~	Full Name (Last, First, Middle Initial) Ms. Jane Knight			Date of Receipt				
٠.	Mailing Address 1612 Salisbury Place			M M / D D	/ <b>Y                                   </b>			
	Maining Address 1012 Salisbury Flace			12 08				
	City	Zip Code	Transaction ID: 10	0573752				
	Montgomery	AL	36117-2562	Amount of Each Re	eceipt this Period			
	FEC ID number of contributing				250.00			
	federal political committee.	C			230.00			
	Name of Employer	Occupation	 1	-				
	Name of Employer Alabama Hospital Associat- ion		sident, Member Relations					
	Receipt For:		Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify)		250.00					
2.	Full Name (Last, First, Middle Initial) Mr. L.E. Peace, III			Date of Receipt				
	Mailing Address P.O. Box 706			M M / D D	/ <b>Y</b> 'Y 'Y 'Y			
				12 08	2004			
	City	State	Zip Code	Transaction ID: 10	0573753			
	Evergreen	AL	36401-0706	Amount of Each Re	eceipt this Period			
	FEC ID number of contributing	C			260.00			
	federal political committee.							
	Name of Employer Evergreen Medical Center	Occupation	1					
		Administ						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	, ,	260.00					
	Other (specify)	0 0		J.				
s	UBTOTAL of Receipts This Page (optional)		······		762.00			
T	OTAL This Period (last page this line number or	nlv)						
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 132 / 181
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank W Harris			Date of Receipt
	Mailing Address 1567 Shady Ban Drive			12 08 2004
	City	State	Zip Code	Transaction ID: 10573755
	Jacksons Gap	AL	36861-4054	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer Russell Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Mr. Barry S Cochran			Date of Receipt
	Mailing Address PO Box			12 16 2004
	City	State	Zip Code	Transaction ID: 10573782
	Cullman	AL	35056	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1205.00
	Name of Employer Cullman Regional Medical	Occupation	า	
	Center .	President	t .	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1205.00	1
	Other (specify)	0 0	1200.00	
— С.	Full Name (Last, First, Middle Initial) Mr. R. Thomas Cooper, III			Date of Pagaint
Ο.	Mailing Address 404 Paddock Lane			Date of Receipt
	Walling / Radioss 404 F addock Latte			12 16 2004
	City	State	Zip Code	Transaction ID: 10573783
	Montgomery	AL	36109-4625	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Alabama Hospital Associat-	Occupation		
	ion		ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)			1
_	IIDTOTAL of Descints This Base (and 1)			1555.00
L	UBTOTAL of Receipts This Page (optional)			-
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 181
ıŦ	EMIZED RECEIPTS		or each category of the	(check only one)
Ш	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Donald M Ball			Date of Receipt
	Mailing Address 1725 Pine Street			12 21 2004
	City	State	Zip Code	Transaction ID: 10574071
	Montgomery	AL	36106-1117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jackson Hospital and Clin- ic	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Brannon, , R.N.			Date of Receipt
	Mailing Address 500 Roehlig Street			12 22 2004
	City	State	Zip Code	Transaction ID: 10574164
	Hartford	AL	36344-1559	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer Medical Center Enterprise	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-		
	Other (specify) ▼	0 0	700.00	
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 82 Millers Grove Road			12 10 2004
	City	State	Zip Code	Transaction ID: 10580042
	Belle Mead	NJ	08502-4306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior V	n P., Health Planning & Resea	ar¢
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		070.00	1
	Other (specify) ▼	0 0	370.00	
s	UBTOTAL of Receipts This Page (optional)			1225.00
1 1	1			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 134 / 181
or each category of the			(check only one)	· —	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	<i>r</i> not be sold or used by any persor dress of any political committee to :	n for the purpose of solicitions from :	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 inchedit Floopital 7 loodelation 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Paulette Roberts			Date of Receipt	
	Mailing Address 9 Vista Place			1 2 1 0	2004
	City	State	Zip Code	Transaction ID: 10	
	Red Bank	NJ	07701-2331	Amount of Each Re	
			07701 2301	Amount of Lacif Re	<del> </del>
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Meridian Health	Occupation			
		President			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Carlor (opeony) 🔻	0 0	1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				
В.	Mr. Maurice P. Coffee			Date of Receipt	
	Mailing Address 90 Sayre Drive			M M / D D	/
	Otto	01-1-	7'- O-d-	12 23	2004
	City	State	Zip Code	Transaction ID: 10	
	Princeton	NJ	08540-5837	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Tederal political committee.				
	Name of Employer Virtua Health	Occupation			
			sident Government Relations		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Belinda Brown Cooper			Date of Receipt	
	Mailing Address 121 Clear Creek Road			M M / D D	
	01:		7.0.1	12 23	2004
	City	State	Zip Code	Transaction ID: 10	
	Langhorne	PA	19047-2306	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	rederal political committee.				
	Name of Employer New Jersey Hospital Assoc-	Occupation			
	iation		sident, Human Resources		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		245.00		
	Other (specify)	0 0			
0	UBTOTAL of Receipts This Page (optional)		875.00		
$\vdash$	ODIOTAL OF FIGURE THIS Fage (optional)				
T	OTAL This Period (last page this line number of	L			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 135 / 181	٦
			Use separate schedule(s)	(check only one)	٦
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	7
Δn	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso		٦
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				_
\	American Hospital Association PAC				
/	American Hospital Association 1 Ac				
	Full Name (Last, First, Middle Initial)				_
٩.	Mr. John J. Dawidowski			Date of Receipt	
	Mailing Address 17 Brookshire Drive			M M / D D / Y Y Y Y	
				12 23 2004	
	City	State	Zip Code	Transaction ID: 10580087	
	Robbinsville	NJ	08691-2554	Amount of Each Receipt this Period	_
	FEC ID number of contributing				ı
	federal political committee.	C		125.00	
	Name of Employer New Jersey Hospital Assoc-	Occupation	า		
	iation		sident & General Manger		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		045.00		
	Other (specify)		245.00		
	Full Name (Last, First, Middle Initial)				
3.	Mr. Edward J. Dunn			Date of Receipt	
	Mailing Address 305 Hickory Lane			M M / D D / Y Y Y Y	
				12 23 2004	
	City	State	Zip Code	Transaction ID: 10580088	
	<u>Haddonfield</u>	NJ	08033-3813	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		500.00	
	federal political committee.			556.55	
	Name of Employer	Occupation	2	$\dashv$	
	Virtua Health		sident Human Resources		
	Receipt For:	1	Year-to-Date ▼	-	
	Primary General	Aggregate	real to Bate ¥		
	Other (specify)	' '	500.00		
	Carlor (openity)				
	Full Name (Last, First, Middle Initial)				-
Э.	Dr. James P Dwyer, D.O.			Date of Receipt	
	Mailing Address 15 Little John Drive			M M / D D / Y Y Y Y	
				12 23 2004	
	City	State	Zip Code	Transaction ID: 10580089	
	Medford	NJ	08055-8529	Amount of Each Receipt this Period	_
	FEC ID number of contributing			500.00	
	federal political committee.	C		500.00	
	Name of Employer Virtua Health	Occupation		. ].	
			Vice President and Chief M	le <b>q</b>	
	Receipt For:	Aggregate	Year-to-Date ▼	. [	
	Primary General	' '	500.00		
	Other (specify)				
					_
				1125.00	
SI	UBTOTAL of Receipts This Page (optional)		······	1123.00	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		i

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 136 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	ay information copied from such Reports and S	tatomente may	y not be sold or used by any ners	
or	ly information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 93 Matlack Drive			12 23 2004
	City	State	Zip Code	Transaction ID: 10580090
	Voorhees	NJ	08043-4723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Virtua Health	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gary Long			Date of Receipt
٥.	Mailing Address 2 Meadowview Drive			M M / D D / Y Y Y Y
				12 23 2004
	City	State	Zip Code	Transaction ID: 10580091
	Shamong	NJ	08088-8596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Virtua Health	Occupation		
	Receipt For:		sident/COO • Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Date 🔻	7
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Gerard Lowe			Date of Receipt
Ο.	Mailing Address 521 Justice Drive			M M / D D / Y Y Y Y
				12 23 2004
	City	State	Zip Code	Transaction ID: 10580092
	Marlton	NJ	08053-5346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Virtua Health		sident for Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
	Other (apoonly) \	0 0	0 0 0 0 0 0 0	-
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u> </u>	
T	<b>OTAL</b> This Period (last page this line number			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 137 / 181	٦		
			Use separate schedule(s)	(check only one)	7		
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17	,		
Any	r information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions	٦		
or f	or commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial) Mr. Richard P Miller			Date of Receipt	_		
Ī	Mailing Address 37 Milton Drive			1 2 2 3 2 0 0 4			
	City	State	Zip Code	Transaction ID: 10580093			
	Marlton	NJ	08053-5408	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		520.00			
Ī	Name of Employer Virtua Health	Occupation	n t and Chief Executive Officer				
Ī	Receipt For:		Year-to-Date V	-			
	Primary General	199.19		1			
	Other (specify) ▼	0 0	520.00				
	Full Name (Last, First, Middle Initial) Mr. Sean Patrick Murphy			Date of Receipt	_		
	Mailing Address 45 Northvale Avenue			12 23 2004			
(	City	State	Zip Code	Transaction ID: 10580094			
-	Little Silver	NJ	07739-1509	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		375.00			
Ī	Name of Employer Solaris Health System	Occupation Senior Vi	n ce President Legal Services				
Ī	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		375.00				
	Other (specify) ▼	0 0	373.00				
_	Full Name (Last, First, Middle Initial) Dr. William F Oser, M.D. JD			Date of Receipt			
-	Mailing Address 5 Morningside Drive			12 23 7 2004			
	City	State	Zip Code	Transaction ID: 10580095			
	Verona	NJ	07044-1421	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		500.00			
Ī	Name of Employer Solaris Health System	Occupation Senior Vi	n ce President and Chief Medi	ca			
Ī	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	· · ·	500.00				
	Other (specify) ▼		000.00				
SU	SUBTOTAL of Receipts This Page (optional)						
тс	OTAL This Period (last page this line number o	nly)	<b>)</b>				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 138 / 181	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
					7
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				$\neg$
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. James Rivard			Date of Receipt	
	Mailing Address 19 Fountain Court			12 23 7 2004	
	City	State	Zip Code	Transaction ID: 10580096	
	Cherry Hill	NJ	08034-1149	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Virtua Health	Occupation Vice Pres			
	Receipt For:		e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Robert M. Segin			Date of Receipt	
	Mailing Address 34 Milford Drive			12 23 7 2004	
	City	State	Zip Code	Transaction ID: 10580097	
	Marlton	NJ	08053-1450	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Virtua Health	Occupation Chief Fin	n ancial Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		F00.00	1	
	Other (specify)	0 0	500.00		
Э.	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall			Date of Receipt	
	Mailing Address 19 Hardwicke Drive			12 23 7 9 9 9	
	City	State	Zip Code	Transaction ID: 10580099	
	Voorhees	NJ	08043-3712	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Virtua Health	Occupation Vice Pres	n Sident Organizational Eff.		
	Receipt For:		e Year-to-Date ▼		
	Primary General	1 1	E00.00	1	
	Other (specify)	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	]
_	OTAL This Deviced (last many this line mouth or	al. ()			1
1	OTAL This Period (last page this line number or	п <b>у</b> )	<b>)</b>		-

Sí	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER	R: PAGE 139 / 181
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of sol	iciting contributions
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from	m such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Ms. Linda Wilson			Date of Receipt	
	Mailing Address 331 Jackson Road			12 2	
	City	State	Zip Code	Transaction ID:	
	Atco	NJ	08004-1646		
		INU	00004-1040	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Virtua Health	Occupation	n sident Human Resources		
	Receipt For:		e Year-to-Date <b>V</b>	$\dashv$	
	Primary General	Aggregate	real to Bate V	1	
	Other (specify) ▼		500.00		
				1	
3.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt	
	Mailing Address 10 Fox Chase Road			M M / D	D / Y Y Y Y
				12 2	2004
	City	State	Zip Code	Transaction ID:	10580101
	Malvern	PA	19355-3441	Amount of Each F	Receipt this Period
	FEC ID number of contributing	С			375.00
	federal political committee.				070.00
	Name of Employer	Occupation	n	$\dashv$	
	Name of Employer New Jersey Hospital Assoc- iation		ancial Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		105.00	1	
	Other (specify) ▼		495.00		
•	Full Name (Last, First, Middle Initial)			Data of Bassist	
٠.	Ms. Theresa L. Edelstein  Mailing Address 27 Harvest Lane			Date of Receipt	D / Y Y Y Y
	Maining Address 27 Harvest Larie			12 2	
	City	State	Zip Code	Transaction ID:	10580113
	Livingston	NJ	07039-2750		Receipt this Period
	FEC ID number of contributing				5.00
	federal political committee.	C			5.00
	Name of Employer	Occupation	n	_	
	New Jersey Hospital Assoc-		sident Continuing Care Servi	nd.	
	iation Receipt For:		e Year-to-Date ▼		
	Primary General	7.99.094.0		1	
	Other (specify) ▼		230.00		
				<u> </u>	
SI	UBTOTAL of Receipts This Page (optional)		······		880.00
	· · · · · · · · · · · · · · · · · · ·		•		• • • • • •
T	OTAL This Period (last page this line number of	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 140 / 181
ITEMIZED DECEIDTS or each category of the			(check only one)	1 <b>–</b>	
Detailed Summary Page				X 11a 11b 14	11c   12 15   16   17
۸۰	v information against from such Departs and St	otomonto moi	, not be cold or used by any paragr		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr			Date of Receipt	
	Mailing Address 2378 Orchard Crest Blv	/d.		12 10	2004
	City	State	Zip Code	Transaction ID: 10	580235
	Manasquan	NJ	08736-4001	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Chief Info	n ormation Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		245.00		
	Other (specify)	0 0	243.00		
В.	Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein			Date of Receipt	
	Mailing Address 27 Harvest Lane			12 / 10	2004
	City	State	Zip Code	Transaction ID: 10	580241
	Livingston	NJ	07039-2750	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			45.00
	Name of Employer New Jersey Hospital Assoc-	Occupation Vice Pres	n sident Continuing Care Servic		
	iation Receipt For:	_	Year-to-Date ▼		
	Primary General		205.00		
	Other (specify)	0 0	225.00		
C.	Full Name (Last, First, Middle Initial) Mr. Dewey Green			Date of Receipt	
	Mailing Address PO Box 25555			12 / 22	2004
	City	State	Zip Code	Transaction ID: 10	1580282
	Albuquerque	NM	87125-0555	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Lovelace Medical Center-D- owntown	Occupation CEO	1		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
Г					· · · · · · · · · · · · · · · · · · ·
s	UBTOTAL of Receipts This Page (optional)		<u> </u>		370.00
T	OTAL This Period (last page this line number of				

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 141 / 181
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Dye			Date of Receipt
	Mailing Address 2121 Osuna Road NE			12 22 2004
	City	State	Zip Code	Transaction ID: 10580284
	Albuquerque	NM	87113-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Mexico Hospitals & He- alth Systems	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Stephen W McKernan			Date of Receipt
	Mailing Address 2211 Lomas Boulevard	N.E.		12 22 7 2004
	City	State	Zip Code	Transaction ID: 10580304
	Albuquerque	NM	87106-2719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Elizabeth Reil			Date of Receipt
	Mailing Address PO Box 4491			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10580305
	Albuquerque	NM	87196-4491	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer New Mexico Org of Nurse	Occupation	1	7
	Executives	Treasure	r	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number or	1ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 142 / 181
ITEMIZED DECEIDTS or each category of the			(check only one)		
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c   12
_				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$  \rangle$	American Hospital Association PAC				
	7 in ordan mospital mossociation i me				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Lawrence Graeber			Date of Receipt	
	Mailing Address 1001 Holland Avenue			1 2 2 8	
	City	State	Zip Code		
	Philadelphia Philadelphia	MS	39350-2161	Transaction ID: 10	
	•	IVIO	39330-2101	Amount of Each Re	eceipi inis Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer Neshoba County General Ho-	Occupation			
	spital	Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)		1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 110 South Lane			M M / D D	
				12 28	2004
	City	State	Zip Code	Transaction ID: 10	)580331
	Newton	MS	39345-2908	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.	<u> </u>			
	Name of Employer Rush Foundation Hospital	Occupation	1		
	Rush Foundation Hospital	Executive	e Vice President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
C.	Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham			Date of Receipt	
•	Mailing Address P O Box 607			M M / D D	/ <b>Y</b>
				12 28	
	City	State	Zip Code	Transaction ID: 10	0580332
	Laurel	MS	39441-0607	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	C			200.00
	Name of Employer	Occupation	 1		
	South Central Regional Medical Center	Executive			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
_					
					575.00
S	UBTOTAL of Receipts This Page (optional)		······································		313.00
T	TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 181 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jerry Howell Mailing Address 1560 Sumrall Road  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Marion General Hospital  Receipt For: Primary General Other (specify)		Zip Code 39429-2654  n ecutive Officer e Year-to-Date ▼ 300.00	Date of Receipt    M M M
3.	Full Name (Last, First, Middle Initial) Mr. Alexander J. Hatala Mailing Address 1 Lucas Court  City Mt. Laurel  FEC ID number of contributing federal political committee.  Name of Employer Our Lady of Lourdes Medical Center Receipt For: Primary General	State NJ  C  Occupation Presiden Aggregate		Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. Lance Moak Mailing Address Post Office Box 636  City Meadville  FEC ID number of contributing federal political committee.  Name of Employer Franklin County Memorial Hospital Receipt For:  Primary General Other (specify) ▼	State MS  C  Occupation Administ Aggregate	Zip Code 39653-0636	Date of Receipt    M M
s	UBTOTAL of Receipts This Page (optional)			725.00
т	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
۸n	w information copied from such Poports and Sta	tomonte may	ret be sold or used by any perso	
or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Morris (Chuck) A. Reece			Date of Receipt
	Mailing Address 1314 19th Avenue	Ctata	7'n Oada	12 28 2004
	City Meridian	State MS	Zip Code	Transaction ID: 10580397
			39301-4116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rush Foundation Hospital	Occupation Chief Op	n erations Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Mr. G Edward Tucker, , Jr.			Date of Receipt
	Mailing Address P O Box 16389			12 28 2004
	City	State	Zip Code	Transaction ID: 10580406
	<u>Hattiesburg</u>	MS	39404-6389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Forrest General Hospital	Occupation		
	· · · · · · · · · · · · · · · · · · ·		ancial Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Mr. Frederick Woodrell, , CHE			Date of Receipt
	Mailing Address 2500 North State Street			1 2 2 8 2 0 0 4
	City	State	Zip Code	Transaction ID: 10580410
	Jackson	MS	39216-4505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	· · · · · · · · · · · · · · · · · · ·			
	Name of Employer University Hospitals and	Occupation	n ecutive Officer	
	Clinics, Univ Receipt For:		e Year-to-Date <b>V</b>	$\dashv$
	Primary General	Aggregate	Teal to Bate V	
	Other (specify) ▼		250.00	
	LIPTOTAL of Descripts This Descriptor III			1000.00
<u>S</u>	UBTOTAL of Receipts This Page (optional)		······	
т	OTAL This Period (last page this line number or	ılv)	<b>&gt;</b>	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 145 / 181
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciti	ng contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
Δ	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman			Date of Receipt	
٠.	Mailing Address 333 North Madison Street	<u>t</u>		M M / D D	/ Y Y Y Y
	Jos Worth Madison Street	51		12 30	2004
	City	State	Zip Code	Transaction ID: 105	80461
	<u>Joliet</u>	IL	60435-8200	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Provena Saint Joseph Medi-	Occupation		-	
	cal Center	Chairmai			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00	] [	
	Other (specify)	0 0		J.	
3.	Full Name (Last, First, Middle Initial) Mr. Joseph V. Connell			Date of Receipt	
	Mailing Address 1151 East Warrenville R	M M / D D	/ Y Y Y Y		
		12 30	2004		
	City	State	Zip Code	Transaction ID: 105	80462
	<u>Naperville</u>	<u>IL</u>	60563-9339	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Illinois Hospital and Hea-	Occupation	n		
	IthSystems As	Senior M			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)			J	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Bruce K Crowther			Date of Receipt	
	Mailing Address 800 West Central Road			M M / D D	/ Y Y Y Y Y
				12 30	2004
	City	State	Zip Code	Transaction ID: 105	
	Arlington Heights	IL	60005-2392	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Northwest Community Healt-	Occupation			
	hcare		t and Chief Executive Officer	<u></u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼			1	
s	UBTOTAL of Receipts This Page (optional)				800.00
				-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 146 / 181		
ITEMIZED RECEIPTS			or each category of the	(check only one)	. –		
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c   12		
Λ	we information against from a righ Departs and Cta	tomonto mo	unat ha and ar unad bu any nava	n for the number of coliciti	15 16 17		
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Richard B Floyd			Date of Receipt			
	Mailing Address 934 Center Street	01-1-	7'. O. d.	12 30	2004		
	City Elgin	State IL	Zip Code	Transaction ID: 105			
		IL.	60120-2198	Amount of Each Rec	elpt this Period		
	FEC ID number of contributing federal political committee.	C			302.50		
	Name of Employer Sherman Hospital	Occupation President	n t and Chief Executive Officer	-			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		319.50				
	Other (specify)	0 0					
3.	Full Name (Last, First, Middle Initial) Mr. Michael M. Mitchel			Date of Receipt			
	Mailing Address 2601 South LaSalle Stre	12 30	2004				
	City	State	Zip Code	Transaction ID: 105	580469		
	Chicago	<u> </u>	60616-2795	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Mount Sinai Hospital	Occupation	n				
		Trustee					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		250.00				
	Full Name (Last, First, Middle Initial) Mr. K. Bruce Stickler			Date of Receipt			
	Mailing Address 333 West Wacker Drive			M M / D D	/ <b>Y Y Y Y</b>		
	Suite 172			12 30	2004		
	City	State	Zip Code	Transaction ID: 105			
	Chicago	<u>IL</u>	60606-1220	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Mount Sinai Hospital	Occupation Trustee	n				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify) ▼		230.00				
s	SUBTOTAL of Receipts This Page (optional)						
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T	OTAL This Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 147 / 181		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c	
				13 14	15 16 17	
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of solic	iting contributions	
or		name and add	dress of any political committee to	SOlicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
•	Full Name (Last, First, Middle Initial)					
Α.	Ms. Kathleen C Yosko			Date of Receipt		
	Mailing Address P O Box 795			1 2 3 0		
	C:h.	C+-+-	7:- 0-4-			
	City	State	Zip Code	Transaction ID: 10		
	Wheaton	<u>IL</u>	60189-0795	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Marianjoy Rehabilitation	Occupation	<u> </u>			
	Marianjoy Renabilitation  Hospital	President	t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		250.00			
ь	Full Name (Last, First, Middle Initial) Mr. F. Perry Wilson			Date of Receipt		
Ь.						
	Mailing Address 1450 Chapel Street			12 31		
	City	State	Zip Code	Transaction ID: 10580677		
	New Haven	CT	06511-4405	Amount of Each Re		
	FEC ID number of contributing				· · · · · · · · · · · · · · · · · · ·	
	federal political committee.	C			250.00	
	N (5 )	10				
	Name of Employer Saint Raphael Healthcare	Occupation				
	System Pagaint For:		sident Development Year-to-Date <b>V</b>	_		
	Receipt For:  Primary  General	Aggregate	real-lo-Dale ▼			
	Other (specify)		250.00			
	Curici (Specify)					
_	Full Name (Last, First, Middle Initial)					
C.	Dr. Lawrence U. Haspel, D.O.			Date of Receipt		
	Mailing Address 222 S Riverside Plaza 19th Floor			1 2 2 9		
	City	State	Zip Code	Transaction ID: 10	0580678	
	<u>Chicago</u>		60606-5808	Amount of Each Re		
Metropolitan Chicago Heal- thcare Counci					050.00	
		C			250.00	
		Occupation	า	$\dashv$		
			ce President			
			Year-to-Date ▼			
		7.99.094.0		1		
Other (specify) ▼			250.00			
			<u> </u>	' [		
s	UBTOTAL of Receipts This Page (optional)				750.00	
$\vdash$				-		
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>			

S	CHEDULE A (FEC Form 3X)		Llan appareta aphadula(a)	FOR LINE NU		PAGE 148 / 181
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only or	ne)	
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a	11b	11c   12
				13	14	15 16 17
An or	y information copied from such Reports and Statoric commercial purposes, other than using the national states.	tements may	not be sold or used by any perso	n for the purpose	e of soliciti	ng contributions
<u> </u>	NAME OF COMMITTEE (In Full)	arric aria add	ress or any political committee to		5115 11 6111 5	don committee.
/	American Hospital Association PAC					
	American Hospital Association FAC					
	Full Name (Last, First, Middle Initial)					
۹.	Mr. Bruce King			Date of Re	eceipt	
	Mailing Address 273 Country Road			12	30	2004
	City	State	Zip Code	Transaction		
	New London	NH	03257-5736			eipt this Period
	FEC ID number of contributing			1	1 1	<del></del>
	federal political committee.	C				250.00
	Name of Employer	Occupation	<u> </u>	-		
	New London Hospital		and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	00 0				
	Other (specify) ▼	0 0	250.00			
				<u> </u>		
3.	Full Name (Last, First, Middle Initial) Mr. Alan Olive			Date of Re	ooint	
٥.	Mailing Address 10101 Double R Blvd.			M M /	DDD	/
	Walling Address 10101 Double H bivd.			1 2	3 0	2004
	City	State	Zip Code	Transactio	n ID: 10	580680
	Reno	NV	89521-5931			ceipt this Period
	FEC ID number of contributing					250.00
	federal political committee.	C				230.00
	Name of Employer Washoe Medical Center	Occupation	1	┪		
	Washoe Medicál Center	Administ	rator			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	· · ·	600.00			
	Other (specify) ▼	0 0	000.00			
	Full Name (Last, First, Middle Initial)					
Э.	Mr. David E Phelps			Date of Re	eceipt	
Mailing Address 725 North Street				M M /	D D	/ Y Y Y Y
			7' 0 1	12	29	2004
	City	State	Zip Code	Transactio		
	Pittsfield	MA	01201-4124	Amount of	Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C				250.00
	Name of Employer Berkshire Health Systems,	Occupation				
	Inc.		and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		250.00			
	<u> </u>					
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>			750.00

TOTAL This Period (last page this line number only) .....

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 149 / 181	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Dr. Gary L Gottlieb, , M.D.			Date of Receipt	
	Mailing Address 75 Francis Street			12 29 2004	
	City	State	Zip Code	Transaction ID: 10580682	
	Boston	MA	02115-6106	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Brigham and Women's Hospi-	Occupation	n ecutive Officer		
	tal Receipt For:	1	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Craig N Melin			Date of Receipt	
	Mailing Address P O Box 5001	12 28 2004			
	City	State	Zip Code	Transaction ID: 10580683	
	Northampton	MA	01061-5001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Cooley Dickinson Hospital	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	250.00		
Э.	Full Name (Last, First, Middle Initial) Mr. Mark R Stoddard			Date of Receipt	
	Mailing Address 549 North 400 East			12 30 7 2004	
	City	State	Zip Code	Transaction ID: 10580684	
	<u>Nephi</u>	UT	84648-1226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Central Valley Medical Ce- nter	Occupation President			
	Receipt For:		e Year-to-Date ▼	7	
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
S	UBTOTAL of Receipts This Page (optional)			1000.00	
			<u>`</u>		$\neg$
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		_

SCHEDIJI E A /EI	C Form 3Y)		FOR LINE NUMBER: PAGE 150 / 181
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEI	PTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied fron	n such Reports and Statements	s may not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes	, other than using the name an	d address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTE	∃ (In Full)		
American Hospital A	ssociation PAC		
Full Name (Last, First, N A. Ms. Eva C. LaBarge	Middle Initial)		Date of Receipt
Mailing Address 6434	Sun Flag Ct.		12 30 2004
City	Stat	e Zip Code	Transaction ID: 10580686
Sparks	NV	89436-5400	Amount of Each Receipt this Period
FEC ID number of contr	Harvatina n	30.300.300	
federal political committee			500.00
Name of Employer Nevada Hospital Associ	ati- Occu	pation ctor of Operations	
on Receipt For:		egate Year-to-Date ▼	
	General	· · · · · · · · · · · · · · · · · · ·	7
Other (specify)		850.00	
Full Name (Last, First, N 3. Mr. Juan Rivera Rivera	fiddle Initial)		Date of Receipt
	)-10 Street Villa Nevarez		M M / D D / Y Y Y Y
	7 TO Oli Ooli Viii a TYOVAI OZ	12 30 2004	
City	Stat	e Zip Code	Transaction ID: 10580688
San Juan	<u>PR</u>	00927	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			500.00
Name of Employer Puerto Rico Hospital As	Occu	pation	<b>-</b>
Puerto Rico Hospital As ciation	so- Exec	utive Vice President	
Receipt For:	Aggr	egate Year-to-Date ▼	
Primary	General	500.00	7
Other (specify) ▼		500.00	_
Full Name (Last, First, No. Dr. Thomas B. Bralliar, M.	,		Date of Receipt
Mailing Address 2208			M M / D D / Y Y Y Y
			12 30 2004
City	Stat	•	Transaction ID: 10583623
Shaker Heights	OH	44122-2643	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			250.00
Name of Employer Cleveland Clinic Founda	,+i	pation	
on	Cnie	f Executive Officer	_
Receipt For: Primary	General	egate Year-to-Date ▼	_
Other (specify)	General	250.00	
Said (opoon)			
SUBTOTAL of Receipts T	his Page (optional)		1250.00
		·	
TOTAL This Period (last p	page this line number only)	I	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 181 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bradley N. Brown Mailing Address 975 East Third Street  City Chattanooga FEC ID number of contributing federal political committee.  Name of Employer Erlanger Medical Center	State TN C Occupation Chief Info	Zip Code 37403-2163 n prmation Officer	Date of Receipt    M M
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Steve Altmiller Mailing Address 801 West Maple Street City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Farmington  FEC ID number of contributing federal political committee.	NM C	87401-5698	Transaction ID: 10584534  Amount of Each Receipt this Period  250.00
	Name of Employer San Juan Regional Medical Center Receipt For:  Primary General Other (specify) ▼		n t and Chief Executive Office e Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. James V. Ferando Mailing Address P. O. Box 26666			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Albuquerque	State NM	Zip Code	Transaction ID: 10584539
	FEC ID number of contributing federal political committee.	C	87125-6666	Amount of Each Receipt this Period  250.00
	Name of Employer Presbyterian Healthcare Services Receipt For:  Primary General Other (specify) ▼		n President e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 181		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
TI LIVIIZED TIEGEII TO		Detailed Summary Page	X 11a 11b 11c 12		
A . (	<u> </u>			17	
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may e name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,			
American Hospital Association PAC					
/ / / / / / / / / / / / / / / / / / /					
Full Name (Last, First, Middle Initial)					
A. Mr. Mark W Reifsteck			Date of Receipt		
Mailing Address P O Box 26666			12 22 2004		
City	State	Zip Code	Transaction ID: 10584540		
Albuquerque	NM	87125-6666	Amount of Each Receipt this Period		
		07123 0000	Amount of Lach Necept this Period	$\neg$	
FEC ID number of contributing federal political committee.	C		250.00		
<u> </u>				_	
Name of Employer Presbyterian Healthcare	Occupation				
<u>Services</u>		ce President and Chief Oper	at  -		
Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼			
Other (specify)		250.00			
Carlot (opcony) V	0 0	1 1 1 1 1 1 1			
Full Name (Last, First, Middle Initial)					
B. Mr. James H Hinton			Date of Receipt		
Mailing Address 5901 Harper Drive NE			M M / D D / Y Y Y Y		
Otto	01-1-	7'- 0-4-	12 22 2004		
City	State	Zip Code	Transaction ID: 10584541		
Albuquerque	NM	87109-3589	Amount of Each Receipt this Period	_	
FEC ID number of contributing federal political committee.	C		250.00		
				_	
Name of Employer Presbyterian Healthcare	Occupation	n			
Services		t and Chief Executive Officer			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		250.00			
Other (specify) ▼		0 0 0 0 0 0 0			
Full Name (Last, First, Middle Initial)	1		1		
C. Mr. Carl W Mantey			Date of Receipt		
Mailing Address 2669 North Scenic Dri	ve		M M / D D / Y Y Y		
			12 22 2004		
City	State	Zip Code	Transaction ID: 10584542		
Alamogordo	NM	88310-8799	Amount of Each Receipt this Period	_	
FEC ID number of contributing	C		250.00		
federal political committee.				_	
Name of Employer	Occupation	n			
Receipt For: Age		rator			
		e Year-to-Date ▼			
Primary General		250.00			
Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)			750.00		
SOBIOTAL OF NECEIPLS THIS Page (optional)		······		=	
TOTAL This Period (last page this line number	only)	<b>)</b>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 153 / 181		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
TI LIVIIZED TIEGEII TO			Detailed Summary Page	X 11a 11b	$\vdash$ $\vdash$ $\vdash$	
				13 14	15 16 17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of so solicit contributions fro	on such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$  \rangle$	American Hospital Association PAC					
	7 interregion interpretation in the					
_	Full Name (Last, First, Middle Initial)					
Α.	Mr. Norm Becker			Date of Receipt		
	Mailing Address 2121 Osuna Road, NE				22 2004	
	City	State	Zip Code	Transaction ID:		
	Albuquerque	NM	87113-1001		Receipt this Period	
			07110 1001	Amount of Lacin	<del> </del>	
	FEC ID number of contributing federal political committee.	C			300.00	
	· · · · · · · · · · · · · · · · · · ·	10 "		_		
	Name of Employer Lovelace Medical Center-G-	Occupation				
	ibson Receipt For:		t & Chief Executive Officer • Year-to-Date ▼			
	Primary General	Aggregate	Flear-to-Date V	1		
	Other (specify)		600.00			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 375 Middle Street				22 2004	
	City	State	Zip Code			
	Portsmouth VA		23704-2826	Transaction ID: 10588098  Amount of Each Receipt this Period		
	FEC ID number of contributing		20104 2020	Amount of Lacin	<del> </del>	
	federal political committee.	C			250.00	
	· · · · · · · · · · · · · · · · · · ·	10 "		_		
	Name of Employer New Mexico Hospitals & He-	Occupation	n President/CEO			
	alth Systems Receipt For:	1	Year-to-Date V	_		
	Primary General	riggrogate	Total to Bate V	1		
	Other (specify) ▼		500.00			
^	Full Name (Last, First, Middle Initial)			Data of Data is		
C.	Mr. Warren K Spellman  Mailing Address P O Box DD			Date of Receipt	D / Y Y Y Y	
	Walling Address P O Box DD				22 2004	
City		State	Zip Code	Transaction ID:	10588107	
	Taos	NM	87571-6284	Amount of Each	Receipt this Period	
	FEC ID number of contributing				500.00	
rederal political committee.  Name of Employer Holy Cross Hospital  Occupa Admin					300.00	
		Occupation	 1			
		Administ				
		Aggregate	Year-to-Date ▼			
			1000.00	1		
	Other (specify)		1000.00			
			1050.00			
S	UBTOTAL of Receipts This Page (optional)		1000.00			
_	OTAL This Davied (leater-see this Person I					
1 1	OTAL This Period (last page this line number of	וווע (y) וווע (y	·······			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 154 / 181	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
Δr	w information copied from such Reports and St	atemente may	y not be sold or used by any ners		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Stephen J Campbell			Date of Receipt	
	Mailing Address Post Office Box 489			12 22 2004	
	City	State	Zip Code	Transaction ID: 10588109	
	Clayton	NM	88415-0489	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		400.00	
	Name of Employer Union County General Hosp-	Occupation CEO	1		
	ital Receipt For:		Year-to-Date ▼		
	Primary General		900.00	1	
	Other (specify) ▼	0 0	800.00		
В.	Full Name (Last, First, Middle Initial) Mr. David J Baltzer			Date of Receipt	
	Mailing Address	12 22 2004			
	City	State	Zip Code	Transaction ID: 10588110	
	Albuquerque	NM		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		750.00	7	
	Other (specify) ▼		730.00		
C.	Full Name (Last, First, Middle Initial) Mr. Dan H Akin			Date of Receipt	
	Mailing Address 3917 West Road			12 22 2004	
	City	State	Zip Code	Transaction ID: 10588115	
	Los Alamos	NM	87544-2293	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Los Alamos Medical Center	e of Employer Alamos Medical Center Occupation Interim Chief Executive			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00	7	
	Other (specify) ▼		000.00		
s	UBTOTAL of Receipts This Page (optional)			800.00	
Т	OTAL This Period (last page this line number of	only)			

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 155 / 181
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John L Hummer			Date of Receipt
	Mailing Address 4311 East Lohman Aver			12 22 7 2004
	City	State	Zip Code	Transaction ID: 10588117
	Las Cruces	NM	88011-8255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mountain View Regional Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify) ▼		000.00	
	Full Name (Last, First, Middle Initial) Mr. Fred Woody			Date of Receipt
	Mailing Address 2430 West Pierce Street	12 22 7 2004		
	City	State	Zip Code	Transaction ID: 10588118
	Carlsbad	NM	88220-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carlsbad Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Claude E Camp, , III			Date of Receipt
	Mailing Address 702 North 13th Street			12 / 22 / 2004
	City	State	Zip Code	Transaction ID: 10588120
	Artesia	NM	88210-1199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Artesia General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼		300.00	
SI	JBTOTAL of Receipts This Page (optional)			700.00
	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)	ſ	Han annual code (1.17)	FOR LINE NUMBER: PAGE 156 / 181	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12	
			· ·	13 14 15 16 17	
An or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Marcella A Romero			Date of Receipt	
	Mailing Address 1010 Spruce Street			12 22 2004	
	City	State	Zip Code	Transaction ID: 10588121	
	Espanola	NM	87532-2746	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer Espanola Hospital	Occupation Administr			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1	250.00		
	Other (specify) ▼	0 0	200.00		
— 3.	Full Name (Last, First, Middle Initial) Mr. John Jurica			Date of Receipt	
	Mailing Address 325 Rock Creek Drive	M M / D D / Y Y Y Y			
		12 01 2004			
	City	State	Zip Code	Transaction ID: 10588351	
	Manteno	<u>IL</u>	60950-3470	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Riverside Medical Center	Occupation			
			cutive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		500.00		
).	Full Name (Last, First, Middle Initial) KS Hospital Assn PAC			Date of Receipt	
	Mailing Address 215 SE 8th Street			M M / D D / Y Y Y Y	
	City	Ctata	Zip Code	12 02 2004	
	City Topeka	State KS	2ip Code 66603-3906	Transaction ID: 12674414  Amount of Each Receipt this Period	
	FEC ID number of contributing		00003-3900		
	federal political committee.	C		0.00	
Name of Employer Kansas Hospital Association		Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]	
	Primary General	1	0.00		
	Other (specify) ▼	0 0	0.00	Refund(s) on Schedule B Totaling \$299.54 This cha- nges the YTD Total to \$0 00	
s	UBTOTAL of Receipts This Page (optional)		······	375.00	
			<del>`</del> _		

TOTAL This Period (last page this line number only) .....

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 157 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW	1		M M / D D / Y Y Y Y
	Suite 700 City	State	Zip Code	Transaction ID: PR1045726214226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	•		200012010	
	FEC ID number of contributing federal political committee.	C		187.50
	Name of Employer American Hospital Associa-	Occupation	n ief Washington Counsel	
	tion-Washingt Receipt For:		e Year-to-Date ▼	+
	Primary General	7 .gg. 0ga.c		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	875.00	Weekly)
	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
<b>-</b> .	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	
	City	State IL	•	Transaction ID: PR327727314226
	Lake Barrington		60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.48
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		461.52	P/R Deduction (\$40.00 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745914226
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	460.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	0 0 0 0 0 0	Weekly)
S	UBTOTAL of Receipts This Page (optional)			304.98
			•	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12
Δ.	ny information copied from such Reports and State	monto mov	, not be cold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the na	me and ado	dress of any political committee to s	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin	0	7: 0.1	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777814226
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.74
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify) ▼		230.76	P/R Deduction (\$10.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327812014226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.48
	Name of Employer American Organization of	Occupation	1	7
	Nurse Executi	Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		461.52	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Stree	t		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327846214226
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.74
	Name of Employer American Hospital Associa-	Occupation	า	1
	tion-Chicago	Vice Pres	sident, Meetings & Travel Ser	V
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.76	P/R Deduction (\$9.62 Bi-W-eekly)
S	UBTOTAL of Receipts This Page (optional)			114.96
Ť				
I T	OTAL This Period (last page this line number only	v)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 159 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851914226
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.80
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Policy Development	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	226.18	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327858014226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.94
	Name of Employer American Hospital Associa-	Occupation	n e Director, AHAPAC	
	tion-Washingt Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	riggrogato		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	916.66	Weekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877814226
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		Executive	_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		461.52	P/R Deduction (\$41.66 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)			319.22
H	OTAL This Period (last page this line number o		·	

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 160 / 181				
			Use separate schedule(s)	(check only one)				
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guillinary Fage	13 14 15 16 17				
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
$\rangle$	American Hospital Association PAC							
	Full Name (Last, First, Middle Initial)			5. (5. )				
	Mr. George F. Bergstrom			Date of Receipt				
	Mailing Address One North Franklin			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR327895714226				
	Chicago	IL	60606-3436	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		57.48				
	federal political committee.							
	Name of Employer American Hospital Associa-	Occupation		7				
	tion-Chicago	Vice Pres		_				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	461.52	P/R Deduction (\$10.00 Bi- Weekly)				
	Curior (opeony)	0 0	0 0 0 0 0 0 0	1.05maj/				
	Full Name (Last, First, Middle Initial)							
	Mr. Richard J. Davidson			Date of Receipt				
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR327942114226				
	Washington	DC	20004-2818	Amount of Each Receipt this Period				
	FEC ID number of contributing			120.00				
	federal political committee.	C		120.00				
	Name of Employer American Hospital Associa-	Occupation	1	┪				
	American Hospital Association-Washingt	President	t					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		920.00	P/R Deduction (\$40.00 Bi-				
	Other (specify)		920.00	Weekly)				
	Full Name (Last, First, Middle Initial)							
_	Ms. Barbara Lorsbach			Date of Receipt				
	Mailing Address 204 South 7th Avenue			M " M / D " D / Y " Y " Y " Y				
	City	State	Zip Code	Transaction ID: PR328136914226				
	La Grange	II	60525-6406	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		124.93				
	Name of Employer	Ossunation	2	-				
	Name of Employer American Hospital Associa-	Occupation	। President, Member Relations					
	tion-Chicago Receipt For:		Year-to-Date <b>V</b>					
	Primary General	7.99.094.0		P/R Deduction (\$40.00 Bi-				
	Other (specify) ▼		916.66	Weekly)				
	302.41							
SI	JBTOTAL of Receipts This Page (optional)		······					
TC	OTAL This Period (last page this line number or	nlv)	<b>.</b>					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 161 / 181
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne		7.0	M M / D D / Y Y Y Y
	Chicago	State	Zip Code	Transaction ID: PR328223814226
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		461.52	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	Transaction ID: PR328224814226		
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Executive	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	B/B B
	Other (specify)		461.52	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224914226
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		920.00	P/R Deduction (\$40.00 Bi- Weekly)
s	LIDTOTAL (D TI. D			234.96
	UBTOTAL of Receipts This Page (optional)			

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 162 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328241414226
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		460.00	P/R Deduction (\$27.78 Bi- Weekly)
	Other (specify)	0 0		Weekly)
_	Full Name (Last, First, Middle Initial)			
3.	Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328260914226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			230.61
	federal political committee.	C		200.01
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Washingt	Executive	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1846.14	P/R Deduction (\$80.00 Bi-
	Other (specify)		1040.14	Weekly)
_	Full Name (Last, First, Middle Initial)			
j.	Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310414226
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		120.00
	Name of Employer	Occupation	n	$\dashv$
	Name of Employer American Hospital Associa- tion-Washingt		President, Communications	
	Receipt For:	1	Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	920.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	410.61
_	OTAL This David (last page this line street	also)		
- 1	OTAL This Period (last page this line number or	пу)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 163 / 181
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312714226
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	461.52	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341814226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	460.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328490114226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt Receipt For:	1	ciate Director e Year-to-Date ▼	-
	Primary General	Aggregate	F Teal-10-Date V	B/B Doduction (\$10.00 Bi
	Other (specify) ▼		230.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			147.48
т.	OTAL This Period (last page this line number or	nlv)		
			······································	

SC	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 164 / 181
			Use separate schedule(s) or each category of the	(check only one)
IIE	MIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
`	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
N	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511814226
_	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		57.48
Ŋ	Name of Employer American Hospital Associa-	Occupation	n Executive	
	ion-Chicago Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		461.52	P/R Deduction (\$47.60 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek			Date of Receipt
N	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
(	City	State	Zip Code	Transaction ID: PR328527314226
7	<u>Washington</u>	DC	20004-2818	Amount of Each Receipt this Period
f	FEC ID number of contributing ederal political committee.	C		115.19
7	Name of Employer American Hospital Associa-	Occupation		7
<u>t</u>	ion-Washingt		sident, Education	
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		923.06	P/R Deduction (\$38.47 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke			Date of Receipt
N	Mailing Address One North Franklin Stre	et		M " M / D " D / Y " Y " Y " Y
	Dity	State	Zip Code	Transaction ID: PR328913314226
(	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		62.36
	Name of Employer AHA Financial Solutions, nc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	458.32	P/R Deduction (\$20.84 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			235.03
			•	
TO	TAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 165 / 181
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13       14       15       16       17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	I South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215714226
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		172.98
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		923.07	P/R Deduction (\$40.00 Bi- Weekly)
	Carion (opening) V	0 0	0 0 0 0 0 0 0	1
3.	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt
	Mailing Address One North Franklin Street	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR329342614226
	Chicago	<u>       IL                             </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.18
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		229.16	P/R Deduction (\$10.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Ms. Barbara Jackier			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329825814226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer	Occupation	n	7
		1	of Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	461.52	P/R Deduction (\$19.24 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			261.64
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

_				FOR LINE NUMBER   DACE 400 /404
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 166 / 181
IT	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>.                                    </u>	NAME OF COMMITTEE (In Full)		areas ar arry pointing committee to	
\	American Hospital Association PAC			
	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Robert K. Kirk			Date of Receipt
	Mailing Address 1215 K Street			M M / D D / Y Y Y Y
	Suite 800	Ctoto	Zin Codo	DD200000014000
	City	State	Zip Code	Transaction ID: PR329988014226
	Sacramento	CA	95814-3945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.36
	Name of Employer	Ossunatio		_
	Name of Employer	Occupation Regional	Executive	
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 3		P/R Deduction (\$20.84 Bi-
	Other (specify) ▼	l	458.32	Weekly)
				'
	Full Name (Last, First, Middle Initial)			
3.	Ms. Tama Mattocks			Date of Receipt
	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273414226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	•		20004 2010	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		62.36
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		458.32	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	100.02	Weekly)
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Thomas Misfeldt			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	Ctata	Zin Codo	- " '- BD000444.04.4000
	City Chicago	State IL	Zip Code	Transaction ID: PR330411614226
	•	IL.	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.44
	Tederal political committee.			
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		e Regional Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	223.68	P/R Deduction (\$13.16 Bi-
	Other (specify)	0 0		Weekly)
SI	JBTOTAL of Receipts This Page (optional)			164.16
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 167 / 181
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475414226
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.19
	Name of Employer American Hospital Associa- tion-Chicago	Occupation	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	923.06	Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt
	Mailing Address 195 Oxford Court	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330524814226
	Alamo	CA	94507-1753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		124.93
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	1	ice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1 5/5 5 1 1/2 (5/5 55 5)
	Other (specify)		916.66	P/R Deduction (\$40.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330534314226
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.36
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		458.32	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			302.48
			•	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 168 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330549214226
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.48
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		sident, Member Relations	_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		461.52	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Curtis D. Rooney			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330847414226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.48
	Name of Employer American Hospital Associa-	Occupation	n ssociate Director	
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify) ▼	7 7	461.52	P/R Deduction (\$19.24 Bi- Weekly)
		0 0	0 0 0 0 0 0 0	, roomy,
Э.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 2303 Burke Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304214226
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		11.80
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ocacy & Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		226.18	P/R Deduction (\$10.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			126.76
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 169 / 181			
			Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12			
					15 16 17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of solicitin solicit contributions from su	g contributions ch committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
/	American Hospital Association PAC			_				
۹.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt				
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D /				
	City	State	Zip Code	Transaction ID: PR3				
	Washington	DC	20004-2818	Amount of Each Rece	ipt this Period			
	FEC ID number of contributing federal political committee.	C			35.62			
	Name of Employer American Organization of	Occupation Director	n Federal Relations & Policy					
	Nurse Executi Receipt For:	<u> </u>	Year-to-Date ▼					
	Primary General			P/R Deduction (\$14.	71 Bi-			
	Other (specify)		226.18	Weekly)				
3.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt				
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D /						
	City	State	Zip Code	Transaction ID: PR3	31386914226			
	Washington	DC	20004-2818	Amount of Each Rece	ipt this Period			
	FEC ID number of contributing federal political committee.	C			28.74			
	Name of Employer American Hospital Associa-	Occupation	1					
	tion-Washingt		ssociate Director					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		230.76	P/R Deduction (\$10. Weekly)	.00 Bi-			
— ).	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt				
	Mailing Address 521 Great Falls Street			M M / D D /	YYYY			
	City	State	Zip Code	Transaction ID: PR3	31533214226			
	Falls Church	VA	22046-2613	Amount of Each Rece	ipt this Period			
	FEC ID number of contributing federal political committee.	C			62.36			
	Name of Employer American Hospital Associa-	Occupation	1	7				
	tion-Washingt		sident, Policy					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		458.32	P/R Deduction (\$40. Weekly)	00 Bi-			
9	UBTOTAL of Receipts This Page (optional)				126.72			
	COLOTAL OF HECEIPIS THIS Page (Optional)							
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>					

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 170 / 181
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168114226
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	<del>_</del>		1 1 1 1 1	
	FEC ID number of contributing federal political committee.	C		46.81
	Name of Employer American Hospital Associa-	Occupation	n e Director, ASHRM	
	tion-Chicago Receipt For:	1	e Year-to-Date ▼	-
	Primary General	1 999		P/R Deduction (\$10.41 Bi-
	Other (specify) ▼		218.74	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW	M M / D D / Y Y Y Y		
	Suite 700		7'- 0 - 1-	
	City	State	Zip Code	Transaction ID: PR517619714226
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.36
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	458.32	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
	Mailing Address 606 South Royal Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR766023714226
	Alexandria	VA	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		78.88
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Washingt	Senior As	ssociate Director, Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		447.00	P/R Deduction (\$26.32 Bi-
	Other (specify)	0 0	447.36	Weekly)
s	UBTOTAL of Receipts This Page (optional)			188.05
			•	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 / 181			
	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
An	y information copied from such Reports and State	ments mav	not be sold or used by any person	for the purpose of soliciting contributions			
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to s	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
/	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt			
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y			
	Suite 700						
	City	State	Zip Code	Transaction ID: PR801366314226			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		11.80			
	American Hearital Access	Occupation		1			
	tion-Washingt		ssociate Dir. Policy Developm	<del>¢</del>			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	' '	226.18	P/R Deduction (\$10.00 Bi- Weekly)			
	Cities (Specify)		0 0 0 0 0 0 0	Trooley)			
3.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt			
	Mailing Address 325 Seventh Street, NW			M "M / D "D / Y "Y "Y			
	Suite 700		7: 0 1				
	City	State	Zip Code	Transaction ID: PR876637214226			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		35.62			
	Name of Employer American Hospital Associa-	Occupation	1	1			
	tion-Washingt		ssociate Director				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)		226.18	P/R Deduction (\$10.00 Bi- Weekly)			
			0 0 0 0 0 0 0	,,			
Э.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt			
	Mailing Address One N. Franklin Street			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR939603914226			
	Chicago	IL	60606	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		28.74			
	federal political committee.			20.74			
	American Organization of	Occupation					
	Nurse Executi		of Operations	-			
	Receipt For: Primary General	aggregate	Year-to-Date ▼	D/D Deduction (640 00 D)			
	Other (specify)		230.76	P/R Deduction (\$10.00 Bi- Weekly)			
				1			
s	UBTOTAL of Receipts This Page (optional)			76.16			
				143210.28			
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>				

FOR LINE NUMBER: PAGE 172 / 181 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. HCA Good Government Fund-Federal PAC Date of Receipt Mailing Address On Park Plaza 12 30 2004 PO Box 550 City Zip Code State Transaction ID: 10547978 **Nashville** TN 37202-0550 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00067231 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

FOR LINE NUMBER: PAGE 173 / 181 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Date of Receipt Mailing Address P.O. Box 15587 12 30 2004 City Zip Code State Transaction ID: 10561120 Austin TX 78761-5587 Amount of Each Receipt this Period FEC ID number of contributing 21600.00 C C00301325 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 58900.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	21600.00
TOTAL This Period (last page this line number only)	<b>•</b>	21600.00

## S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 181 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Media Placement Technologies Mailing Address 1717 King Street			Date of Receipt  1 2 3 1 2 2 0 0 4
City	State	Zip Code	Transaction ID: 10569371
Alexandria	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1838.94
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1838.94	Refund of Independent Exp- enditure

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1838.94
TOTAL This Period (last page this line number only)	<b>•</b>	1838.94

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 175 / 181 (check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt
	Mailing Address 1400 G Street, NW		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 10580436
	Washington	DC 20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	139.28
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2766.29	Bank Interest Received
В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt
	Mailing Address 1400 G Street, NW		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 10584518
	Washington	DC 20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	111.94
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2627.01	Bank Interest Received (1-60)

SUBTOTAL of Receipts This Page (optional)	•	251.22
TOTAL This Period (last page this line number only)	<u> </u>	251.22

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)  (check only one)							PAGE 176 / 181					
ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page		21b 27	22 28a	П	23 28b	$\square$	24 28c	Н	25 29		26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na												S	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial) Merchant Bankcard						of Di	isburs				0 ŏ 4	Y	
	Mailing Address 1601 Elm Street		7. 0.1				_							
	City Dallas	State TX	Zip Code 75201			Amou	nt o	f Each	Disb	ourser	nen			od
	Purpose of Disbursement Bank Fees			00	)1							3.	50	
	Candidate Name			Cate Ty										
	Senate President	rsement For: Primary Other (spe	General cify) ▼			Bank	Fee	es						
В.	State: District: Full Name (Last, First, Middle Initial) Citibank, F.S.B.						of Di	isburs	emen			* V	V	
	Mailing Address 1400 G Street, NW					12 20 4								
	City Washington	State DC	Zip Code 20005			Amou	nt o	f Each	Disb	ourser	nen			od
	Purpose of Disbursement Bank Fees		Q(	)1	1				36.	36.84				
	Candidate Name			Cate Ty										
	Office Sought: House Disbur Senate President State: District:	Primary Other (spe	General cify) ▼			Bank	Fee	es						
	Giale. District.					1								

SUBTOTAL of Disbursements This Page (optional)		40.34
SOBTOTAL OF DISBURSCHICHES THIS Fage (Optional)		
TOTAL This Period (last page this line number only)	•	40.34

SCHEDULE B (FEC Form 3X)  Use sept		eperate schedule(s	FOR LINE	NUMBER:	PAGE 177 / 181	
IT	EMIZED DISBURSEMEN	for eac Detaile	ch category of the ed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports a for commercial purposes, other than using					
	NAME OF COMMITTEE (In Full) American Hospital Association PA		, , ,			
Α.	Full Name (Last, First, Middle Initial) Friends Of Bud Cramer				Transaction ID: Date of Disburse	
	Mailing Address P.O. Box 2621				12 0	1 2004
	City Huntsville	State AL	Zip Code 35804		Amount of Each	Disbursement this Period
	Purpose of Disbursement Void of 9/9/2004 check			011	L	-2500.00
	Candidate Name Rep. Robert E. Cramer, Jr.			Category/ Type		
	Office Sought:  X House Senate President	Disbursement For Primary X Other (s	General pecify)		Void of 9/9/200	04 check
В.	State: AL District: 5 Full Name (Last, First, Middle Initial) Herseth For Congress	2004 General C	congres		Transaction ID:	
	Mailing Address PO Box 2009				Date of Disburse	3 Y 2 0 0 4 Y
	City Sioux Falls	State SD	Zip Code 57101		Amount of Each	Disbursement this Period
	Purpose of Disbursement Contribution		07101	011		1000.00
	Candidate Name Rep. Stephanie Herseth			Category/ Type		
	Office Sought:  X House Senate President	Disbursement For Primary X Other (s	General pecify)		Contribution	
С.	State: SD District: 1 Full Name (Last, First, Middle Initial) Friends Of George Allen	2004 General D	Jebi ne		Transaction ID: Date of Disburse	
	Mailing Address PO Box 6859				12 0	3 7 2004
	City Arlington	State VA	Zip Code 22206		Amount of Each	Disbursement this Period
	Purpose of Disbursement			011	L	1000.00
	Candidate Name Sen. George F. Allen			Category/ Type		
	Office Sought:  House X Senate President	Disbursement For X Primary Other (s				
_	State: VA District: 2					
s	UBTOTAL of Disbursements This Page	(optional)		<b>)</b>		-500.00
_	OTAL This Period (last page this line nu	mber only)				

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		PR LINE NUMBER:  Deck only one)  PAGE 1/8/181							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	b 🗀		X 23 28b	24 280	, <b> </b>	25 29	26 30	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									3	
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	ommulee l	O SUIIC	it COHTHO	utiOHS If(	JIII SUCH	COITIF	ınııee		
American Hospital Association PAC										
Full Name (Last, First, Middle Initial)				Transac	ction ID:	10462	154			
A. Alliance for the West					Disburse		V . V		V	
Mailing Address 1510 Woodbine Street				1 2 M	ا ا	7 /	2	0 0 4		
	State Zip Code VA 22302			Amount	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement	VA 22302		_				3	3000.0	00	
2004 Contribution		011								
Candidate Name		Category/ Type								
Senate President	ment For: Primary General Other (specify)			2004 C	ontribut	tion				
State: District:										
Full Name (Last, First, Middle Initial)  Friends Of Kent Conrad					Disburse	ement				
Mailing Address PO Box 812				1 <sup>M</sup> 2 <sup>M</sup>	<sup>/</sup> 0	7 /	<sup>Y</sup> 2	0 0 4	Y	
,	State Zip Code ND 58502			Amount	of Each	Disburs				
Purpose of Disbursement Contribution		011					1	0.000.0	00	
Candidate Name Sen. Kent Conrad		Category/ Type	_							
	ment For: 2006 Primary General Other (specify)			Contrib	ution					
State: ND District: 1										
Full Name (Last, First, Middle Initial)  Leadership Circle, The					ction ID: Disburse		156			
Mailing Address 414 Fayetteville Street Males Suite 200	all			12 M	0	7 /	ž	0 0 4	Υ	
City	State Zip Code NC 27601			Amount	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement 2004 Contribution		011	7				1	500.0	00	
Candidate Name		Category/ Type	-							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			2004 C	ontribut	tion				
SUBTOTAL of Disbursements This Page (optional) .			<b>&gt;</b>				5	500.0	0	
TOTAL This Period (last page this line number only)			<b>-</b>							

TEMIZED DISDUBORMENTS	Use seperate scriedule(s)   (ab.		heck on	E NUMBER. PAGE 17						101	—
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	$\vdash$	23 28b	24 28c	П	25 29	ш	26 30b
Any Information copied from such Reports and State										5	_
or for commercial purposes, other than using the na	me and address of any political co	ommit	tee to s	olicit contr	ributio	ons fro	m such o	comm	nittee		
NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Trans	actio	on ID:	105463	23			_
Stabenow For Us Senate					of Dis	sburse		, V	V	V	
Mailing Address PO Box 4945				1 2	IVI /	<sup>D</sup> 1	5 /	2	0 Ď 4		
City	State Zip Code			Amou	ınt of	Each	Disburse	ement	this P	erioc	
East Lansing Purpose of Disbursement	MI 48826			-				1	000.0	0	٦
Contribution		01	1		_					-	
Candidate Name Sen. Debbie Stabenow	,	Cate									
	sement For: 2006	Тур	oe	_							
X Senate	Primary X General			Contr	ibuti	on					
President	Other (specify)										
State: MI District: 2											
Full Name (Last, First, Middle Initial)  3. Wally Herger For Congress Committee						on ID: sburse	105463	26			
					M /		5 /	/ Y	0 Ý 4	Υ	
Mailing Address P.O. Box 1500				12		1	5	. 2	0 Ď 4		
City Chico	State Zip Code CA 95927			Amou	ınt of	Each	Disburse	ement	this P	erioc	
Purpose of Disbursement	0/1 33327							1	000.0	0	
Contribution		01	1								Ī
Candidate Name Rep. Wally Herger		Cate Typ	•								
Office Sought: X House Disbut	sement For: 2006			Contribution							
	X Primary General			Contr	ibuti	OH					
State: CA District: 2	Other (specify)										
Full Name (Last, First, Middle Initial)				Trans	antic	יחו וחי	105881	<u>۸</u> ۵			
Wally Herger For Congress Committee						sburse		43			
Mailing Address P.O. Box 1500				1 <sup>M</sup> 2	M /	<sup>D</sup> 2	0 /	ž	0 ŏ 4	Y	
City Chico	State Zip Code CA 95927			Amou	ınt of	Each	Disburse	ement	this P	erioc	_
Purpose of Disbursement				<u> </u>				-1	000.0	0	
Void 10-14-2004 check Candidate Name O11 Category/											
Rep. Wally Herger		Typ									
Λ	sement For: 2004			Void	10-1	4-2nr	)4 checl	k			
Senate	Primary General			10.0		00		•			
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11	EMIZED DISBURSEMENTS		Summary Page	È	21b 27	22 28a	X	23 28b	ш -	24 28c		25 29		26 30b
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial) Friends Of Hillary					Date	of Di	on ID:	_			0 Ý 4	ı Y	
	Mailing Address 1717 K Street Nw Suite 309a													- d
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	Purpose of Disbursement contribution  Candidate Name				11							., 50.	00	
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	Office Sought:  House X Senate President  State: NY  District: 2	oursement For:  X Primary  Other (spe	2006 General			contri	buti	on						
В.	Full Name (Last, First, Middle Initial) Martinez For Senate					Date		on ID:				· V ·	V	
	Mailing Address 610 S Boulevard					1 2	IVI	້ [ 3	3 Ö	Ľ	2	0 ď 4	ļ <sup>'</sup>	
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SUBTOTAL of Disbursements This Page (optional)	•	7750.00
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		LINE NUMBER: PAGE 181 / 18						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	ly one)  22 23 24 25 2  X 28a 28b 28c 29	26 30b					
	y Information copied from such Reports and S for commercial purposes, other than using the									
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC									
۹.	Full Name (Last, First, Middle Initial) KS Hospital Assn PAC  Mailing Address 215 SE 8th Street			Transaction ID: 10475992 Date of Disbursement						
	City Topeka Purpose of Disbursement  Candidate Name  Office Sought: House Dis	State Zip Code KS 66603-3906	010 Category/ Type	Amount of Each Disbursement this Period 299.54	od					
	State: District:	Primary General  Other (specify)								

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	299.54
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